V. S. No. 1.

County	Yashington	6	6		STATE OF M CERTIFICATE Registration	OF DEATH
Village of	2 FULL NAME KEN	sport (No. O.)	noco	chi ges	St.; Ward)	[if death occurred in a hospital or institution, give its HAME instead of street and number.]
PE	RSONAL AND STATIS	TICAL PARTICULARS		ME	DICAL CERTIFICATE	OF DEATH
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIEO, WIOOWEO MAN OR OIVORCED (Write the word)		6 DATE OF OEAT	H May	(Day) (Year)
8 OATE OF	Je	2 , 1. (Day)	254	T I HERE!	5 , 1915 , to h	attended deceased from 25, 1915
7 AGE		1 day,	, hrs.		DEATH * was as foll	stated above, at \$500,m. ows:
particular (b) Gener business, which empl 9 BIRTHP	profession, or kind of work	wer wfland		Contributory	malnutu (Ouralion)	tion 4
11 BI 12 M	RTHPLACE FFATHER State or country) Aloen Name OF MOTHER RTHPLACE F MOTHER State or country)	Ad. hoo	Re	*State the CAUSES, state (SUICIDAL OF HOM	SIDENCE (FOR HOSPITAL: DENTS)	or, in deaths from Violent (2) whether Accidental, s. Institutions, Transients, hs. yrs. mos. ds.
(Information (A)	OVE IS TRUE TO THE BES	St OF MY KNOWLEDGE Midnight Michael Reckard Focal Registration		Where wes diseasa cont If not at piece of deeth Former or usual rasidence. 9 PLACE OF BUR OUNDERTAKER	racted,	OATE OF BURIAL ADORESS ADORESS
	If more blanks	are needed, address State Re	egistrar, 16	W. Saratoga St., Be	alto., Requesting V. S. No.	1. / Mad



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be Hausemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Gracery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton engaged in domestic service for wages, as Servant, Cook is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question business or industry, and therefore an additional line For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomative engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Pyphoid fewer (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

mus," on statement of cause of death approved by Committee on Nomenclature of the American Medical Association. under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Huemorrhage," "hanition," "Marasgenital," "Senile," etc.), "Dropsy," "Ansemia" (nerely symptomatic), "Atrophy," "Collapse," "Cona," "Convulsions," "Debility" ("Con-"Anaemia" chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonacum, etc., Carcinoma, Sarcama, etc., of......... (name origin; "Cancer" is less definite; avoid use of symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless or miscarriage as "Puerperal "Old Age," "Shock," "Uracmia," "Weakness," by railway train-accident; Revolver wound of The contributory (secondary or intercur-State cause for which Never report mere "Exhaustion," scptichaemia," unportant.



ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD

stated

Every item of information should be carefully supplied. AGE should be si CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

V. S. No. 1.

N

PLACE OF DEATH County Massing on Village or City Mear Autorbuyon 2FULL NAME As Arme	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. S [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4, COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
TAGE Month Day (Year)	that I last saw here alive on here date stated above, at 691 m, The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory Some Secondary
10 NAME OF FATHER P. R. Barlofs 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER	(Signed) (Ooration) yrs mos ds. (Signed) (Signed) (No. 1) (Address) (Signed) (Signe
(State or country) A college (State or country) A college (Informant) (Address) A college (Address) A coll	of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or USUAI residence. 1º PLACE OF BURIAL OR REMOVAL ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," Never report



	¹ PLACE OF DEATH	STATE OF MARYLAND
	Washing los	CERTIFICATE OF DEATH
Co	ounty. The way way was	317
	11 7- Wash Co Flo	Registration Dist, No.
Vi	liage or City Hagerstown (No	St.; Ward) [If death occurred in a hospital or institution,
		give Its NAME Instead of street and number.]
	2FULL NAME.	they dankar
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	EX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
11.	WIDDWED.	(Month) (Day (Year)
=	ORDIVERED (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH	May 2/ 1915 to May 2/ 1915
	May 21 ,915	
	(Month) (Day (Year)	that I last saw h
TA	GE If LESS than	and that death occurred on the date stated above, at
	1 day,hrs.	The CAUSE OF DEATH* was as follows:
8.0	DCCUPATION	<i>b</i> 0
	a) Trade, profession, or	Crematury Sufant
	articular kind of work	Still Bow - Sy Moz Feetin
(b) General nature of Industry, siness, or establishment in	
W	nich employed (or employer)	(Duration) yrsmosds.
9 8	(State or country) Many Land	Contributory Secondary
	10 NAME OF	(Duration) yrs mos ds.
	FATHER Hy B. Barring of	(Signed) / M. D.
S	11 BIRTHPLACE	May, 22, 1915 (Address) Hagers hory Me
Z	OFFATHER (State or country) Mary Canel	
ARENTS	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
-	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country) Many Carriel	At place In the of death yrs mos ds. State yrs mos ds
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted,
	By to Carrhart	If not at place of death?
	(Informant) 9 00 /9 William	Former or usual residence
	fol him and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
4.5	(Address) Classoft Mag. Alla.	2
15	PM. ,	20 UNDERTAKER - Partite ADDRESS
F	led May 22, 1915 Allury Laurs	Iday of Property as Di
	REGISTRAR	The partition telears formy one
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Censns and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. of persons engaged in domestic service for wages, as it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indiespecially in industrial employments, it is nec-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitie," etc. State cause for cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of by carbolic acid—probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanitlon," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant peoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (secondary or intercurrent) Never report



100

Village or City Plagerstone (No. Wash to	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
DATE OF BIRTH A COLOR OR RACE SINGLE, MARRIED, WINDOWED, ORDIVORCED (Write the word) 1915	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from (O) 191 (C)
(Month) (Day (Year) AGE If LESS than 1 day, hrs, or min.?	and that death occurred on the date stated above, at 2 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos/2 ds.
10 NAME OF FATHER William & BODELS 11 BIRTHPLACE OF FATHER (State or country) MARY Louis 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE	(Signed)
OF MOTHER (State or country) Mary Land THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Milliance & Borns	At place of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, it not at place of death? Former or usual residence.
6 Filed 5/22, 1915 Holling Davis, REGISTRAN	19 PLACE OF BURIAL OR REMOVAL ADDRESS ADDRESS ADDRESS AGAINAN ADDRESS AGAINAN ADDRESS AGAINAN AGAIN AGAIN AGAIN AGAIN AGAIN
If more blanks are needed, address State Regist.	rar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. additional live is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illwho receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ture of the American Medical Association.) The contributory (Recommendations on statement of (secondary or intercurrent)



V. S. No. 1.

/	1 PLACE OF DEATH	STATE OF MARYLAND
	1 1 1	
Co	unty Mashington	CERTIFICATE OF DEATH
1		Registration Dist. No. 903
	Ban - Darl	Fif doubt accurred in
Vil	lage or City/ Claver Chelks (No.	St.; Ward) [If death occurred in a hospital or institution,
		give its NAME Instead of street and number.]
	FULL NAME SARRES 10	owes
D	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	EX 4 COLOR OR RACE 5.SINGLE,	16 DATE OF DEATH
4	MARRIED, INCOM	W. 191.
7	Emal While (Write the word)	(Month) (May (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH	
	MAY 24 16	3 may 4 , 1915 to may 8 , 1913-
	Month) (Day (Yes	that I last saw here allve on Pray & 1915
TA		m. m. did that death occurred on the sale stated above, at 10 m.
	8.4 // /3 t day,	The CAUSE OF DEATH * was as follows:
8.0	yrs ds. OR m	<u>β.?</u>
	CCUPATION) Trade, profession, or	Premona Hor
	rticular kind of work	N.D.
	General nature of Industry, iness, or establishment in	
	ch employed (or employer)	(Duration) yrs. mos. / O ds.
9 81	RTHPLACE (State or country)	Gontributory
	mary (and	(Duration) yrs mos ds.
	10 NAME OF FATHER D	as a set of
	Comad Herman	(Signed) (SDI) efactor, M. D.
ARENTS	11 BIRTHPLACE OF FATHER	May 10 , 191 5 (Address) Smilleburg Md
M	(State or country)	** tate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUCKED AND ACCIDENTAL SUCKED ACCIDENTAL SUCKED ACCIDENTAL SUCKED ACCIDENTAL SUCKED AND ACCIDENTAL SUCKED
AR	12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, or HOMICIDAL.
0	Morley	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)	At place In the
-		of death yrs. mos. ds. State nos. ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
((Informant) Issue Mc Caul	Former or
	Parales Crack Ou	usual residence.
	(Address) Dewood Cheek Mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	71 12 19 m H	De slaver Greek Corneley Milly 12, 1913.
File	88 1 as 1 1915 Vot 10 0 1008 9	20 UNDERTAKER ADDRESS
1	PEGISTRA	- Colore () Carlo Minus
M	If more blanks are needed, address State	Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
1	the state of the s	ince



[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing decision with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonacum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. affection need not be stated unless important. Exvalvular heart disease; Chronie interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or Intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," State cause for



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECORD

6000 PLACE OF DEATH STATE OF MARYLAND ashingtru CERTIFICATE OF DEATH

County /

h.	Registration Dist. No.
Village or City Clasant Valley	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, Single OR DIVERCED (Write the work)	16 DATE OF DEATH WON 7, 1915 (Moodil) (IZy (Year) 17 I HEREBY GERTLEY, That I attended deceased from
6 DATE OF BIRTH 5- (Month) (Day (Year)	that I set saw have alive on May 2 4, 1915 -
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of Indosfry,	July July
business, or establishment in which amployed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER P. Bowman	(Signed) (Doration) yrs mos ds.
11 BIRTHPLICE OF FATMER (State of country) Pleasant Valley 12 MAIDEN NAME OF MOTHER OF MOTHER	State the Disease Causing Death, or, in deaths from Violent Auses, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Pleasant Valley	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ts
(Interment) True to the Best of MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence.
Filed May 24, 1915 J. H. Ferguson REGISTRAR	Pleasant Nally 25, 1915 20 UNDERTAKER Leo B Horris Sunits frug
	trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1

V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL pcritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (c. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUN 31915
BUREAU, V.S.

HYSICIANS statement of CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in a hospital or institution. give its NAME instead ٠. of street and number.] RECORD EXACT classified. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE stated MARRIED, WIDOWED OR DIVORCED (Day) properly of certificate. 17 HEREBY CERTIFY. That I attended deceased from B DATE OF BIRTH Mar pino (Year) (Month) pe (Day) 7 AGE If LESS than may and that death occurred on the date stated above 1 day, hrs. back O The CAUSE OF DEATH # was as follows: OR? that 0 B OCCUPATION supplied (a) Trade, profession, or there ons particular kind of work. 20 (b) General nature of industry terms, instructi business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory Rame (State or country) plain 60 Se 10 NAME OF ė) FATHER Ď 2 pino important. ENTS 11 BIRTHPLACE OF FATHER (State or country EA *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT AUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, PLAINLY, 0 œ 12 MAIDEN NAME SUICIDAL OF HOMICIDAL. A OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, very 0 OR RECENT RESIDENTS ш 13 BIRTHPLACE At place In the S OF MOTHER 60 0 (State or country) of deathyrs.mos. CAI Where was disease contracted, should state CA 14 THE ABOVE IS of if not et placs of death? item usuel residence PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL Every (D, 1911). ADDRESS 0 REGISTRAR

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Batto., Requesting V. S. No. 1.

STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

."Foreman," "Manager," "Dealer," etc., without more write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Coak taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Hausework, or At Hame, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Hausekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Gracery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many eases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question or given up on account of the DISEASE CAUSING DEATH, of the second statement. busing especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. Coal mine, etc. Women at bome, who are engaged in Statement of Occupation-Precise statement of occupamany occupations a single word or term on the is very important, so that the relative healthful-For persons who have no occupation whatever, or industry, and therefore an additional line The material worked on may form part Never return Locomative engineer, If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid meumonia"); Lobar pneumonia, Branchoppeumonia ("Pneumonia,"); Lobar pneumonia, indefinite); Tüberculosis of lungs, menin-

genital," SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL "Anaenia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" chopmeumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of and consequences (e. g., sepsis, tetanus) may be stated Struck by railway train-accident; Revalver surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL perilonitis," etc. birth cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "H. cmorrhage," "Inanition," "Marasmus," "Old Age," "Shock." "Ura mia," "Weakness," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercuror miscarriage as "Puenperal septichaemia," The nature of the injury, as fracture of skull "Senile," etc.), "Dropsy," - "Exhaustion, "Uraquia," "Weakness, State cause for which (Recommendations "Atrophy," nound



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ward)

[If death occurred in a hospital or institution, give its NAME instead

FULL NAME DIGITLE Brooks	of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Acualo Colored (Write the word)	16 DATE OF DEATH 5 77, 191 50 (Month) (Day (Year)
DATE OF BIRTH Month) (Day (Year)	that I last saw here alive on May 2 2, 1915
7 AGE If LESS than t dayhrs. OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trada, profession, or particular kind of work (b) Control of Work	Justine Five
(b) General nature of Industry, business, or establishment in which employed (or amployer) BIRTHPLACE	Contributory Kewl- Deletation Land
(State or country) ONAME OF FATHER OF FATHER OF FATHER	(Signed) (Duration) yrs mos ds. (Signed) What I was to be a secondary
OF FATHER (State or country) Wary land	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country) Wary land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease confractad,
(Informant) Charles Carter	If not at place of death?————————————————————————————————————
(Address) 1.24 lrstone md	Red Kill Countery Roedy Mills 5 24, 191.5
Filed 9/24 1913 Olwy Saus	Albertage Hager trees
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. J.



CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the DISEASE "Manager," "Dealcr," etc., without more precise specicases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: occupa-

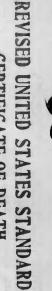
Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permancutly filed.

JUN 71915
BUREAU, V.S.

ARGIN



CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as dutics of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (6)

lesis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-"Croup";) Typhoid fever (never report "Typhoid brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using aiways the same accepted causing death (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE

> LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Mcastcs (disease causing death), 29 ds.; affection need not be stated unless important. ralvular heart discase; Chronic interstitial nephritis, "Contributory." (Recommendations on statement of injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent)

the certificate is permanently filed. ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-



10

1

ż

Filed

REGISTRAR

20 UNDERTAKER

DATE OF BURIAL

Ilf death occurred la

(Year)

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 2



[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," -Precise statement of occupa-As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGGUPATION is very RECORD A PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN

1 PLACE OF DEATH

Village or City.	Kup Tryste Gullin J.	(No	19)	CERTIFICATE OF	2/1
² FULL N	Kup Trysti Juliu J.	(No,	11	17081316167	
PERSONAL		Bush	linglow	St;Ward)	[M death occurred a hospital or institution give its NAME instead of street and number.]
	AND STATISTICAL PARTIC	ULARS		MEDIGAL CERTIFICATE OF D	EATH
Male 4	COLOR OR RACE S SINGLE, MARRIED, WIDOWED, ORDIVORCE (Write the	Married word)		(Month)	22 ,1915 (Day) (Year)
6 DATE OF BIRTH	Od- 2 (Month) (Day	2,1847	that I last saw h	HEREBY CERTIFY, That I att	anded deceased from 2.2, 1915
7 AGE6.6	yrs. 7 mes.	If LESS than 1 day,hrs.		DEATH* was as follows:	ve, at 1.35 G
(a) Trada, profession, or particular kind of work (b) General nature of ind business, or establishme which employed (or employed (State or country)	ustry,		Contributory (Secondary)		rs. © mos d
O 11 BIRTHPLACE OF FATHER (State or coun	Turstead Outfin	de a.	(Signed) 19 May 22	(Duration) B Ranson 1915 (Address) Harhur DISEASE CAUSING DEATH, or In de	skup W
12 MAIDEN NA OF MOTHER OF MOTHER (State or coun	ME Busan Earnist	2	18 LENGTH OF OR RECENT RE At place of death yrs.	mos. ds. In the	
(Informant)	Lyelson Kelb Inst	owledge (Md	Where was disaase If not at place of de Former or usual residenca	ath? as his hon he died	ATE OF BURIAL
Filed may 2.1	1913 Emmar So.	Loundin REGISTRAR	20 UNDERTAKE	Comelery M	104 24, 1916 DDRESS



[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. ness. If retired from business, that fact may be Indi-CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-(a) Spinner, Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-(b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter,

Statement of cause of death—Name. first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pueumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head lnjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned cause. Always qualify all diseases resulting from by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senlle," etc.), "Dropsy," "Exhaustlon," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ls less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) ... (name orlgin; "Can-State cause for Examples: of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

RECEIVED
JUN 11915
BUREAU, V.S.

tate

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 30 [If death occurred in Ward) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Day ne 17 I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) (Doration) 10 NAME OF FATHER 11 BIRTHPLACE (Address) PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSEY, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. 13 BIRTHPLACE At place In the OF MOTHER (State or countr of death _____ yrs. ___ mos. __ State Where was disease contracted, 14 THE ABOVE IS If not at place of death? Former or usual residence. LACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRES'S

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who, receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)



carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of QCCUPATION is very

RECORD

WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it me important. See instructions on back of certificate.

6900 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 310

St .:. Ward) [If death occurred in

	FULL NAME & Sant Sant Sant	L	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFIC	CATE OF DEATH
35	MARRIED, WIDOWED, WITH - 1	16 DATE OF DEATH 5	/3 ,1915 th) (Day (Year)
6 D	ATE OF BIRTH Sont Know	17 I HEREBY CERTIFY	7, That I attended deceased from , 191,
(a pa	1 day,hrs. OR min. ? CCUPATION () Trade, protession, or articular kind of work () General nature of Industry,	and that death occurred on the date The CAUSE OF DEATH* was as fo See dentalle	s stated above, atm,
wh	iness, or establishment in lich employed (or employer) IRTHPLACE (State or country) 10 NAME OF FATHER	Gontributory Secondary	tion) yrs mos ds. (See Commer 48
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14		TAL, SUICIDAL, OF HOMICIDAL.	ATH, or, in deaths from VIOLENT URY; and (2) whether ACCIDEN-
	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR Ho OR RECENT RESIDENTS) At place of death yrs mos ds. Where was disease contracted,	In the State yrs mos ds
	(Informant) Daniel Mounday	It not at place of death? Former or usual residence.	
15 Fil	ied far 13, 1915 O.M. C. Joseph REGISTRAR		Roan 14, 1815 ADDRESS Brunswick Med
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesti	ng V. S. No. 1.



•

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. The contributory (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report



PLACE OF DEATH County Washington	STATE OF MARYLAND CERTIFICATE OF DEATH
	Civery Stable in Registration Dist. No. 2012. (ash & Firanklinest; / Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That Lattended deceased from
Security (Write the word) 6 DATE OF BIRTH CANONIC (Month) 7 AGE 1 LESS than 1 day, hrs.	that I last saw h im alive on cleary 30, 1915, and that death occurred on the date stated above, at w.m.
5.3 yrs mos di ds or min.?	The CAUSE OF DEATH & was as follows: - Storen heir doad oup fose to have been an apapleate parine
(b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duretton) yre mos de.
10 NAME OF FATHER RULE O CAMENTS. 11 BIRTHPLICE OF FATHER (State or country) Maryland.	(Signed) Chas, D. Dayle Mos. ds. (Signed) Chas, D. Dayle M. O. 191. (Address) Assignation les.
State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLEY CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
State or country) // Slumpson / O.	At place of death yrs. mes. ds. State, yrs. mes. ds. Where wes disease contracted, if not at place of death? Former or
14 THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE (Informant) MA MATTER DOYER (Address) JOAGENTOWN MA	19 PLACE OF BUBIAL OB REMOVAL DATE OF BURIAL 20 UNDERTAKER O A LADDRESS
Filed 31-, 191 6 REGISTRAR If more blanks are needed, address State Registrar	CM-Suter & Son. HAGERSTOWN 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

6301



[Approved by U. S. Census and American Public Health Association.]

"Foreman," "Manager," "Dealer" etc., without more precise specification as Day loborer, Farm laborer, Laborer write Nonc. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material werked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. But in many cases, especially in industrial employment, it is necessary to cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulis provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Locomotive engineer, ('ivil If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tubercubosis of lungs, menin-

on statement of eause of death approved by Committee and consequences (e. g., scpsis, telanus) may be stated "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uracmia," "Weakness, on Nomenclature of the American Medical Association.) under the head of "Contributory." suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as cause. Always qualify all diseases resulting from ehildete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (nerely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" symptoms or terminal conditions, such as "Asthenia, cough; Chronic valvular heart disease; Chronic interstitiol "Tumor" for malignant neoplasms); Measles; Whooping heod-homicide; Struck by railway troin—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Caneer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... rent) affection need not be stated unless important. The contributory (secondary or intercur-Poisoned by carbolic acid-probably "Puerperal septichaemia, "Dropsy," "Exhaustion, State cause for which Never report mere (Recommendations



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

	1 PLACE OF DEATH	STATE OF MARYLAND		
	County Mashing Low	CERTIFICATE OF DEATH OF		
	County County	300		
	11 1- 100	Registration Dist. No.		
	Village or City Hagerslown (No. Sellors	(COLLINAS Ward) If death occurred in		
	Q 1 - V	a hospital or institution,		
	2 FULL NAME OLIME Dayen	of street and number.		
	- FOLL NAME	igh inflamental deposition and the second se		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH MOVE 28 1015		
	Tre 1 Whate ORDIVORCED	(Month) W (Day) (Year)		
	Temale White the word)	17 I HEREBY CERTIFY, That attended deceased from		
	6 DATE OF BIRTH	Jeff 14 , 1914, to May 23 , 1915,		
	(Month) (Day) (Year)	that I tast saw her alive on May 2/ 1913.		
	7 AGE (MOREH) (Day) (Tear)	and that death occurred on the date stated above, at 3 a m.		
	1 day, hrs.			
	yrs	The CAUSE OF DEATH * was as follows:		
	8 OCCUPATION	The second second		
	(a) Trade, profession, or that Service			
	(b) General nature of Industry			
	business, or establishment in which employed (or employer)	Ouration) yrs. mos. ds.		
	9 BIRTHPLACE	Secondary Strock from fall		
	(State or country) Mary Canas	(Quration) yrs. mos Z ds.		
	10 NAME OF PATHER	at hallen in		
	Conrad & agenhart	(1) - 22 - (1)		
	11 BIRTHPLACE	May 2 B, 1913 (Address) Hages Minimu.		
	State or country) Mary Cand	*State the DISEASE CAUSING DEATH, out in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.		
	C 12 MAIDEN NAME PARE LA PORTE	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,		
	a smary onance	OR RECENT RESIDENTS)		
	13 BIRTHPLACE OF MOTHER (State or country) (Masy Paul C	At place in the of deethyrsmosds. State,yrsmosds.		
	14 THE ABOVE IS TRUE TO THE BEST OF MY NOWLEDGE	Where was disease contracted,		
5	THE ABOVE IS THOSE TO THE SEST OF MIT ANOWEEDED	if not at piece of death?		
	(Informant) Lendons Kluman)	wsual residence		
5	Pastle head	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
3	(Address) FLO WWYY XMC	Board hor o toune la May 25 1918		
)	15 5/24 5 Housen Dung	20 UNDERTAKER ADDRESS		
	Filed , 191 PREGISTRAR	M. Vleam 7 Bast Boonsbor		
	If more blanks are needed, address State Registrar,	CHARLOW THERE		
i	The contract of the contract o			



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Duy laborer, Farm labarer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Gracery: (a) Foremon, (b) Autoor given up on account of the DISEASE CAUSING DEATH, Hausemail, etc. If the occupation has been changed employed, as At school or At home. Care should be mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion, is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Locomotive engineer, If retired from Cunt

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heanorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular heart disease; Chronic interstitial Struck by railway train—accident; Revolver birth or miscarriage as "Puerperal soplichaemia, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Branrent) affection need not be stated unless important. nephrais, etc. "Tumor" for malignant neoplasms); Meusles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... The contributory (secondary or intercur-State cause for which Never report mere (Recommendations wound of



WRITE PLAINLY, WITH UNFADING INK-THIS IS A

RECORD

PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Hagerstoiere (No. Mash	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, OPDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from Way (7 1915 to Way (9 1915
(Month) (Day (Year)	that I last saw her allys on Way 19 1915.
7 AGE (Month) (Day (Year) If LESS than 1 day,hrs. ORmin.? OCCUPATION (a) Trade, professian, gr particular kind of work. (b) General nature of Industry, business, or establishment in	and that death occurred on the date stated above, at 7 2 m, The CAUSE OF DEATH* was as follows:
which employed (or employer) BIRTHPLACE (State or eountry)	Contributory Salpugation yrs mos 48.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Mary Can at 12 Maiden NAME OF MOTHER	(Signed) yrs mos 7 ds. (Signed) Yrs M. D. (Signed) Yrs M. D. (Signed) Yrs Mos Y ds. (Signed) Yrs Mos Y ds. (Signed) Yrs Mos Yrs M
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MX KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. 3 ds. State yrs. mos. ds Where was disease contracted, it not at place of death? Former or usual residence. Bakles Mulls
16 Filed 5/20, 191 5 Herry Davis REGISTRAR	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL POLICE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers nunc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None, who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," -Precise statement of occupa-As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: IENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canchildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of dcath approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. by carbolic acid-probably suicide. The nature of the The contributory (Recommendations on statement of (secondary or intercurrent) Never report



	Y. PHYSICIANS xact statement of
RECORD	EXACTI ssified. E
A PERMANENT	should be stated be properly class f certificate.
S	nay k of
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
PLAINLY, WITH	rmation should b SE OF DEATH in very important.
WRITE	Every item of infol should state CAUS OCCUPATION is

1 PLACE OF DEATH County Washington Village or City Sharpsburg FULL NAME STILL BORN PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE White FeMale 6 DATE OF BIRTH 7 AGE 8 OCCUPATION (a) Trade, profession, or

9 BIRTHPLACE (State or country)

14 THE ABOVE IS

(Informant)

(Address

S

ARENT

15

10 NAME OF FATHER



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 300

ATURE	st; wa BIRTH) Eary	rd)	[If death of a hospital or give its NAI of street and	ME Instead	
	MEDICAL CERTIFIC	CATE OF	DEATH		
gle	16 DATE OF DEATH	(Month)	(Day)	, 1915 (Year)	
	17 I HEREBY CERTIFY, That lattended deceased from				
011-	, 191, to			, 191 ,	
(Year)	that I last saw h alive on			, 191,	
LESS than	and that death occurred on the date stated above, at				
y, hrs. mln.?					
	Still Born	*****************			
000000000000000000000000000000000000000			. 0 . 0		
		9	••••••••		
	(0	luration)	yrs	iosde,	
	Contributory	010-00-100-1		0.0.00000000000000000000000000000000000	
	1	Jurallon)		108 ds,	
. 1		M. 2		, M. O.	
	5/30/ , 1915 (Address)	Sherry	bothery	Ench.	
	*State the DISEASE CAUSING D CAUSES, state (1) MEANS OF INJUR SUICIDAL OF HOMICIDAL.			VIOLENT IDENTAL,	
	18 LENGTH OF RESIDENCE (FOR HODOR RECENT RESIDENTS) At place of deeth yrs. mos. ds. Where was disease contracted, If not at place of death?	In the	yrs.		
	usual residence				
1	19 PLACE OF BURIAL OR REMOVAL	id V	ate of BU	D., 191.5-	
er	20 UNDERTAKER	O/ A	DDRESS	1 1	

Sin

15

1 da

5 SINGLE,

MARRIED,

WIDOWED OR DIVORCED

(Day

particular kind of work...... None (b) General nature of industry business, or establishment in which employed (or employer)... None Maryland XXW John W. Eavy 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER Smith 13 BIRTHPLACE OF MOTHER Maryland (State or country) OF MY KNOWLEDGE Chas. N. Hoffmast REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Mequesting V. S. No. 1.

8

Z



[Approved by U. S. Census and American Public Health . Association.]

business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Form loborer, Laborer of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., without more mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Loca engineer, Stationary fireman, etc. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part Locomotive engineer, But, in many cases,

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchapneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," symptoms or terminal conditions, such as "Asthenia, ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of.. on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths "Puerperal peritonitis," birth or miscarriage as "Puenpenal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," ehopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronie valutar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping (name origin; "Caneer" is less definite; avoid use of by railway train-accident; Revolver The contributory (secondary or intercuretc. State cause for which wound of



RECORD

PERMANENT

IS A

UNFADING INK-THIS

PLAINLY, WITH

WRITE

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

V. S. No. 1.

County Washington	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 2/4
Village or City Maleus ferring No. Disposer of Election J. E.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nale Hite Single, MARRIED, Sengle ORDIVORCED (Write the word)	16 DATE OF DEATH May (Month) (Day (Year) 17 I hereby Certify, That I attended deceased from
6 DATE OF BIRTH DOC 28 , 1845 (Month) (Day (Year)	that I last saw have allve on man and 1918
TAGE 69 yrs 4 mos 5 ds. OR min.?	and that death occurred on the date stated above, at Shom The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. /2 mgs. 1
State or country) Fashington Co	Contributory Secondary (Duration) yrs mos de
FATHER Charles Edelens	(Signed) Masen M. B. (Address) Plean pring M.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 MOTHER 15 MOTHER 16 MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLEN: CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Md.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs, mos ds. State yrs, mos ds.
(Informant) Traceles Hassell	Where was disease contracted, if not at place of death?————————————————————————————————————
(Address) Ling String	Sutherny Cemetery May 5, 1913
Filed May 7, 181.7 Registrar If more blanks are needed address State Registrar	Strang Brow Coo Clean Strong strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Servant, Cook, Housemaid, etc. If the occupation has Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the DISTARE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic childbirth or miscarriage as "Puerperal scptichaevalvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puenperal peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned "Contributory." Accidental drowning; Struck by railway trainis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUN 41915
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

Cou	PLACE OF DEATH 6904	STATE OF MARYLAND CERTIFICATE OF DEATH
Villa	age or CRY Williamsfronto.	Registration Dist. No. St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ricle 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED OR OIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That attended deceased from
6 DA	May 19,5° (Month) (Day) (Year)	, 191, to, 191, that I last saw halive on, 191,
AC	Styllbigst ds. OR min.?	and that death occurred on the date stated above, at
LO DE	b) General nature of Industry usiness, or establishment in thick employed (or employer)	Stillbutte. (Oursion) yrs. mos. ds.
9 B	(State or country) Maryland	Secondary (Qration) / yrs. mos. ds.
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME (State or country)	(Signed) Co. Co. C.
14 T	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEOGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ss. Stats, yrs. mos. ds. Where was disease contracted, If not at place of death?
	(Informant) Williamsfurt Md	Former or sual residence 19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
15 FI	Hea May 12, 1915 - Co. E. Rickard, Joeal REGISTRAR	Williamsfirst (M) Aug 2, 1916
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balta, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

the duties of the household only (not paid Housekeepers engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Doy laborer, Farm laborer, Laborer business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be "Foreman," "Manager," "Dealer," etc., without more of the second statement. mill; (a) Solcsman, (b) Crocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Former or Planter, Physiapplies to each and every person, irrespective of age tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. many occupations a single word or term on the For persons who have no occupation whatever, various pursuits ean be known. The question The material worked on may form part Women at home, who are engaged in Never return "Laborer," Locomotive engineer, Civil If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by corbolic acid-probably Struck by railway troin-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Urarmia," "Weakness," state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puenperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Meastes; Whooping ges, perilonacum, etc., Carcinoma, Sarcoma, etc., of..... lapse," "Annemia" rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valeular heart disease; Chronic interstitial (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerperal septichocmia," "Coma," (merely symptomatic), The contributory (secondary or intercur-"Y symptomatic), "Atrophy," "Col-"Convulsions," "Debility" ("Con-Never report mere



OCCUPATION YSICIANS supplied. back pialn Instructions 5 DEATH

> OF Every Item CAUSE OF Important.

should is

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in ...Ward) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RAGE 5 SINGLE, MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended decessed from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above. 1 day/2 hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) .mos..... which employed (or employer) 9 BIRTHPLACE Contributory (State or country) Secondary (Doration) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ State ___ yrs, ____ mos. _ Where was disease contracted. 14 THE ABOV KNOWLEDGE If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER. ADDRESS REGISTRAR If more blank, are needed, address State Registrar, 6 E. Franklin St., Belto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the the nature of the business or Industry, and therefore an CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestle service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

lesis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria (avoid use of ("Pneumonla," unquallfied, is indefinite): Tubercufever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cercbrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid

> sepsis, tetanus) may be stated under the head of injnry, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopnoumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis, The contributory "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or Intercurrent) Ex-

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-



N. B.

	1 PLACE OF DEATH	STATE OF MARYLAND		
	County A Ashing ton	CERTIFICATE OF DEATH		
5		Registration Dist. No. 3/4		
	William on My Statone			
	Village or City Williams (No.,)	St.; Ward) a hospitat or institution, give its NAME instead of street and number.]		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	Male White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED	16 DATE OF DEATH That J (Day) (Year)		
parte	6 DATE OF BIRTH (Write the word)	17 HEREBY CERTIFY, That I attended deceased from		
E	Mar 14 1040	Cops 202 , 191 5, to 200 5 , 191 J.		
S	TAGE (Month) (Day) (Year)	that I last saw h alive on 191 J,		
0.	Tage if LESS than 1 day,	and that death occurred on the date stated above, at 20 m.		
pac	C C yrs. A mos. 7 ds. OR min.?	The CAUSE OF DEATH * was as follows:		
0	(a) Trade, profession, or	P = 5 7 5 4 7 5 14		
ons	particular kind of work (b) General nature of industry	Culmany Technolous		
not	business, or establishment in which employed (or employer)	(Baratton, 2 yrs. mos. ds.		
e instr	State or country)	Secondary Muline Wegleptot		
t. Se	10 NAME OF FATHER LACOL Trul	(Signed) . M. O.		
rtar	OF FATHER (State or country)	, 191 (Address) State the Disease Causing Death, or, in deaths from Violent		
odu	C 12 MAIDEN NAME C	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.		
ry :	a OF MOTHER 6 liga Rockwell	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
× ×	13 BIRTHPLACE OF MOTHER (State or country)	At place In the		
Z	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death		
ATIO	(informant) anne Frik	Former or usual residence		
оссира	(Address) Millstone Ind	Man Andle		
0	Filed May 6, 1915 - M. A. Jall	20 UNDERTAKER ADDRESS		
	If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.		



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Caok, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housewark, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers Housemaid, etc. who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm labarer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer." mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton eian, Compositor, Architect, Locomotive engineer, engineer, Stationory freman, etc. But in many ness of various pursuits can be known. The question "Foreman," "Manager," "Dealer," is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the -Caal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed But in many cases, etc., without more If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSINO DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull "An temia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident: Revalver wound of to determine definitely. Examples: Accidental drowning, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Mcasles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of cause. Always qualify all diseases resulting from child-"Heart failure," "Hacmorrhage." "Inanition." "Marassymptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. "PUERPERAL peritonitis," etc. State cause for which " "Old Age," "Shock," "Uracmia," "Weakness, or miscarnage "Senile," etc.), "Dropsy," The contributory (secondary or intercuras "PUERPERAL septichaemia," Never report mere "Exhaustion," important.



RECORD

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See Instructions on back of certificate.

V. S. No. 1.

N.B.

County Prasticing to	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3/4
Village or City Tour Lock Ro. 2 2FULL NAME Mary E, O	St.; Ward) [If death occurred le a hospital or institution, give its KAME instead ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED 20 YEARS WIDOWED ORDIVORCED WITH CHE WORD (WHILE the WORD) 8 DATE OF BIRTH REGULATION 1841	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from (1) (19) (Year) (Year)
PAGE Month (Day (Year) 1 LESS than t day, hrs. OR min. ?	and that death occurred on the date stated above, at m. The CAUSE OF DEATH* was as follows: 1 Cardiae Caseae
(b) General nature of Industry, business, or establishment in which employed (or employer) PRIPHPLACE (State or country)	Contributory Secondary
OF FATHER STATES DELINIUS 11 BIRTHPLACE OF FATHER (State or country) STATES 12 Maiden NAME OF MOTHER OF MOTHER	(Signed)
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, it not at place of death? Former or usual residence.
(Address) J. S. Starting 16 Filed May 7, 1915 M. HEGISTRAR If more blanks are needed, address State Regist	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL CALLABORE GRAPE JAMES 3, 1913 29 UNDERTAKER BOLL OF BURIAL CALLABORE S Trans Bollo, Requesting V. S. No. 1,



[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic scrvice for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is lidefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For Vio-



22/

	2F(ULL NAME Rues neutou	Fored
		SONAL AND STATISTICAL PARTICULARS	MEDICAL C
35	tale	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH
6 D	ATE OF BIR	- Aug 29 ,1846	that I last saw h alive
TA	GE	(Modth) (Day (Year) it LESS than 1 day,hrs.	and that death occurred on
(a) pa (b) bus	CCUPATION) Trade, professi irticular kind of) General nature siness, or esta	ion, or yate keeper by pike e of industry, ablishment in	- Vala
(a) pa (b) bus wh) Trade, professi irticular kind ot) General nature	on, or Gate Reeses be pike to the poisson or employer)	Contributory Secondary
(a) pa (b) bus wh) Trade, professi irticular kind ot) General naturo siness, or esta ich employed (o	Jan, or gate keeper on pike e of industry, ablishment in or employer) Duntry) Durquice	Gontributory
(a) pa) Trade, professi rticular kind ot) General nature siness, or esta ich employed (o IRTHPLACE (State or co	con, or gate keeper on piles e of industry, ablishment in ountry) Dry unce PLACE	Contributory Secondary (Signed) *Sinte the DISEASE CAUS
(a) pa (b) bus wh) Trade, professi rticular kind ot) General nature siness, or esta ich employed (o IRTHPLACE (State or co	on, or gate keeper by pike e of industry, ablishment in or employer) Duntry) Duntry) Duntry) PLACE THER OF COUNTRY) N NAME	Contributory Secondary (Signed) *State the Disease Causes, state (1) Means TAL, SUICIDAL, or HOMICID. 18 LENGTH OF RESIDENCE
ARENTS & G(q)) Trade, professinticular kind of) General natures iness, or esta ich employed (o RTHPLACE (State or complete or	on, or gate keeper by prike e of industry, ablishment in our employer) Dentry) Dentry) PLACE THER OTHER WINAME DITHER WILLIAME DITHER WILLIAME DITHER WILLIAME DITHER WILLIAME WILLIAM	Contributory Secondary (Signed) May E., 191 2. (Addi

1 PLACE OF DEATH

6948

STATE OF MARYLAND CERTIFICATE OF DEATH?

Ward

Registration Dist. No. 308

)	[if death occurred in a hospital or institution,
	give its NAME Instead of street and number.]

MEDICAL	CERTIFICATE	OF DEATH	
16 DATE OF DEATH	May.	Day	, 1915 (Year)
17 , / I HEREB	Y CERTIFY, That		
. 0 /	1915, to M		
that I last saw h.1.1.1. a			
that I last saw h.d. as a	live on	a by 2	191.2
and that death occurred	on the date state	d above, at.	2.30 Pm
The CAUSE OF DEATH	was as follows:	,	
Va	Curla	m dis	1111
(1 D		Summer has books , Sort	Carlotte, Southann
marine de chi de con financia de condicione	A. J. J.	**********************	
pr • == • • • • = = = = = = = = = = = = =	******************************	***************************************	
9 0000 000 000 000 000 000 000 000 000	(Duration)	V yrs. 4	mosds
Contributory		en de la compansión de	***************************************
· · · · · · · · · · · · · · · · · · ·	(Duration)	cyrsC_	mos c ds
(Signed)	11.01		
may 8, , 191.5	(Address) Let	essleur	7, Ind
*State the DISEASE (CAUSES, state (1) MEATAL, SUICIDAL, OF HOME	CAUSING DEATH, OANS OF INJURY; E	r, in deaths of and (2) wheth	om VIOLENT
18 LENGTH OF RESIDEN	CE (FOR HOSPITAL	, INSTITUTIONS	TRANSIENTS
OR RECENT RESIDENTS)	In the		
ot death yrs mos		yrs	mos ds
Where was disease contracted,			
it not at place of death?		*********	***************************************

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. A.



[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But In many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Contributory." (Recommendations on statement of LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearrlage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU.

	County Washington	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 302
	Village or City Nagerstown (No. 439, XX) 2 FULL NAME ana Eliza &	Church St.; 5 Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
runcate.	femal white Single, MARRIED, MIDOWED OR DIVORCE MARIED OR DIVORCE MARIED (Write the word)	18 DATE OF DEATH (Month) (Day) (Yoar) 17 HEREBY CERCIFY, That I attended deceased from 1910, to 1910,
משכא סו כפ	7 AGE (Month) (Day) (Year) 1 LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 7.1.5 Rm. The CAUSE OF DEATH * was as follows:
Structions o	(a) Trade, profession, or particular kind of work (b) General nature of Industry business, or establishment in which employed (or employer)	Contributory Level Confermed
ery important. See in	10 NAME OF FATHER DAY DAY OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OT MOTHER OF MOTHER OF MOTHER OF MOTHER OT MO	(Signed) (Signed) (Signed) (State the Disease Causing Death, of, in deaths from Violent Cueses, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents)
OLA II OII IS A	13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	At place In the of death
2	Filed 5 - 27 . 1915 Belling Registran If more blanks are needed, address State Registran.	Pose Will 20 UNDERTAKER Wathers Winnich Hog. Md, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grovery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Colton especially in industrial employments, it is necessary to engineer, Stationory fireman, etc. But in muny cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, applies to each and every person, irrespective of age. first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Never return "Laborer," Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and "causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar pneumonia, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated under the head of "Contributory." (Recommendations head-homicide; Poisoned by corbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deatis etc., when a definite disease can be ascertained as the nephritis, etc. The contributory (secondary or intercnrcough; Chronic valvular heart disease; Chronic interstitiol Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning. "PUERPERAL perilonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping or misearriage "Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull "Senile," etc.), 38 "PUERPERAL seplicharmia," "Dropsy," State cause for which Never report mere "Exhaustion,"



V. S. No. 1.

PLACE OF DEATH County Mashing Ton	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 302
1	Stepander St.; Ward) [If death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, Widow ORDIVORCED (Write the Word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
May 20, 1937 (Month) (Day (Year)	17 I HEREBY CERTIFY. That I attended deceased from Sty 8- 1915, to May -10 - 1915, that I last saw here alive on May -10 - 1915
TAGE If LESS than f day,	and that death occurred on the date stated above, at 11- 600m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	Serislity-
which employed (or employer) BIRTHPLACE (State or country) Emmiliable of Mac	Contributory and a Thurse
10 NAME OF FATHER ASSENCE DOUGLES. 11 BIRTHPLACE OF FATHER (State or country) Rocky Ridg & had of Mother	(Signed) See Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Roby Ridge Ind	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds
(Informant) James Lotters	Where was disease contracted, If not at place of death?————————————————————————————————————
33 Chouress ST Hages Soun ma	19 PLACE OF BURIAL OR REMOVAL Sommitteling That May 12, 1915 20 UNDERTAKER ADDRESS

J. Mala Journ If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," cte., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations dutics of the household only (not paid Housekeepers statement. Grocery; (a) Foreman, (b) Automobile factory. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never rcturn "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-



LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease ean be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (seeondary), 10 ds. affection need not be stated unless important. eause of death approved by Committee on Nomenclainjury, as fracture of skull, and eonsequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably ture of the American Medical Association.) "Contributory." scpsis, tetanus) by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for mallg-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report Ex-



VII	lage or Gi	ULL NAME	Na	icy (gane
	PER	SONAL AND ST	ATISTICA	L PARTICULA	RS
35	runula	4 COLOR OR Shill	MAGE	SINGLE, MARRIED, WIDOWED, ORDIVORCED Write the WO	idow rd)
6 D	ATE OF BIR	12	Month)	23 (Day	, 1837 (Year)
TA	GE	76 yrs	4 mos	22 ds	If LESS than 1 day,hrs. ORmin.?
(a	CCUPATION Trade, profess		ons		
Da	rticular kind of	work	- 200		
(b) bus	rticular kind of General natur iness, or est ch employed (e of industry, ablishment in	no	v.	
(b) bus wh	General natur	e of industry, ablishment in or employer)	non	M.	
(b) bus wh	General natur iness, or est ch employed (e of industry, ablishment in or employer) ountry)	non	inia.	ou
(b) bus wh	General natur liness, or esti- ch employed (c) IRTHPLACE (State or e) 10 NAME (FATHE 11 BIRTHI OF FA	e of industry, ablishment in or employer) ountry) OF LACE	non	inin Torde	ore
(b) bus wh	General natur iness, or est ch employed (content of the content of	e of industry, ablishment in or employer) ountry) OF R LUSAF PLACE THER or country)	non	inin. Torda	on c
(b) bus wh	General natur iness, or est ch employed (continued of the continued of the	e of industry, ablishment in or employer) OF R PLACE THER OF COUNTRY) N NAME OTHER OTHER	non ing his vir	inia Lordo Ginia Jahrania	on . mm
PARENTS who bear a second of the second of t	General natur iness, or est ch employed (continued in the continued in the	e of industry, ablishment in or employer) ountry) ountry) ountry) PLACE THER or country) N NAME OTHER FLACE	non ing the win win	Janie Jahr	on mm ch LEDGE

1 PLACE OF DEATH

6910

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 307

Gardon /	a hospital or institution, give its NAME Instead of street and number.]
MEDICAL CERTIFICATE OF D	EATH
16 DATE OF DEATH May 2	2 , 191
(Month) 17 I HEREBY CERTIFY, That I at	
May 13, 1915 to Many	22 , 1915.
that I last saw her alive on Many	22 1915
and that death occurred on the date stated ab-	
The CAUSE OF DEATH* was as follows:	
Circbral Hem	arrhage
01000000000000000000000000000000000000	
(Signed) C Z Blus w May 22 191 5 (Address) Brun	yrsmosd
*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.	deaths from VIOLEN (2) whether Acciden
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INS OR RECENT RESIDENTS) At place In the	TITUTIONS, TRANSIENTS
of death	yrs, de

S. No. 1.

ADDRESS

Ilf death occurred to



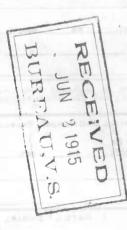
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer, or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precisc statement of occupa-If retired from business, that fact may he indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

Bronchopneumonia (secondary), 10 ds. Never report thenia," "Anaemia" (mcrely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ccr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cangenital," mere symptoms or terminal conditions, such as "Asinjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-aeci-The contributory (secondary or intercurrent) Meastes (disease causing death), 29 ds.; "Senilc," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



V. S. No. 1.

EXACTLY, PHYSICIANS sified. Exact statement of	1 PLACE OF DEATH County Washington Village or City Believe (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
EXA	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
clas	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH May 8 1912 17 I HEREBY CERTIFY, That pattended deceased from 1915 to 1915
AGE s it may back of	7 AGE (Month) (Day) , 1.8 4 (Year) 7 AGE if LESS than 1 day, hrs. OR min.?	that I last saw h impalive on May 5, 1915, and that death occurred on the date stated above, at 5 mm. The CAUSE OF DEATH was as follows: Exhauslim and dehlift
arefully supplied. ain terms, so that e instructions on	a OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Lyphrelia (releasing)
DEATH in plan portant. Se	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) J.
of USE O	of MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At piece In the of death yrs. mos. ds. State, yrs. mos. ds Where was disease contrected, It not at place of death?
N. B.—Every item of ir should state CA OCCUPATION	(Address) Jageston W. 15 Filed 5-8-, 1915 Herry Davis REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER Wathur Day Address Wathur Day Address
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

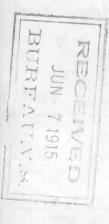


[Approved by U. S. Census and American Public Health
Association.]

precise specification as Day laborer, Farm laborer, Laborer business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers write None. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., without more of the second statement. mabile factory. mill; (a) Salesman, (b) Grosery; (a) Fareman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, very important, so that the relative healthfulvarious pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Never return "Laborer," Locamotive engineer, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing about (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumania ("Pneumonia,") unqualified, is indefinite); Tuberculasis af lungs, menin-

on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, letanus) may be stated suicide. The nature of the injury, as fracture of skull Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deates genital," "Senile," etc.), "Dropst," "Exhaustion." "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness." head-homicide; Poisoned by carbolic acid-prabably to determine definitely. Examples: Accidental drowning "PUERPERAL perilonitis," etc. State cause for which birth or misearriage as "PUERPERAL" septichuemia. ete., when a definite disease can be ascertained as the "Anaemia" спорпеитона Example: Measles (disease causing death), 29 ds.; Browcough; Chronic valeular heart disease; Chranic interstiliat "Tumor" for malignant neoplasms); Measles; Whooping lapse, symptoms or terminal conditions, such as "Asthenia, rent) affection need not be stated unless important. neplirilis, etc. uemia" (merely symptomatie), "Atrophy,"," "Coma," "Convulsions," "Debility" Always qualify all diseases resulting from child-(secondary), 10 ds. Never report mere The contributory (secondary or intercur-("Con-



Count	Horacustains 1007 (Registration Dist. No. 2 [If death occurred in a hospital or institution, give its NAME instead
	² FULL NAME Warlaule V.	elrum of street and number.]
3 SE)	PERSONAL AND STATISTICAL PARTICULARS A COLOR OR RACE SINGLE, MARRIED, WIDDWED OR DIVORCE DATA	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Mony) (Day) (Year) 17 I HEREBY CERTIFY. That rattended deceased from
7 AGI	E Secretary (Day) (Year) E (Month) (Day) If LESS than 1 day, hrs.	that I last saw her alive on May 27, 1915 and that death occurred on the date stated above, at 10.40
par VZ(b)	Touch of work General nature of Industry siness, or establishment in the month of	Chronic Parigins disease 2 fees (Burellon) yrs. mos.
S L N S	10 NAME OF FATHER Charles Sugueter. 11 BIRTHPLACE OF FATHER (State or country) Maryland.	Contributory Secondary (Signed) (Signed) (Signed) (Signed) (Buration) (Signed) (State the Dispasse Causing Death, or in, deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAR	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MYANOWLEDGE	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) Al place in lhe of death
15	(Address) 1007 Potograc aver	Former or usual residence. 19 PLACE OF BURIEL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
Flie	ed 5/30—, 1915 Bury REGISTRAR	C. M. SUTER & SON - Hage West





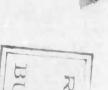
[Approved by U. S. Census and American Public Health Association.]

mobile fuctory. The material worked on may form part of the second statement. Never return "Laborer," write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day loborer, Farm laborer, Loborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (o) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulespecially in industrial employments, it is necessary to first line will be sufficient, e. g., Former or Planter, Physiknow (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Cool mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed Locomotive engineer, If retired from "Laborer,

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated Struck by railwoy train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably state MEANS OF INJURY and qualify as ACCIDENTAL, mus," "Old Age," "Shock," "Uracnia," "Weakness," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerreeral sophichaemia," "Puerreeral peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Semile," etc.), "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valuular heart disease; Chronic interstitint "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of cause. (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-(secondary), 10 ds. The contributory (secondary or intercur-"PUERPERAL septichaemia, "Dropsy," Never report mere "Exhaustion,"

If his certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



BUREAU, V.S.

N.B.

1 PLACE OF DEATH	STATE OF MARYLAND
County It asking low	CERTIFICATE OF DEATH
3 3/	Registration Dist. No. O.
Village or City Cancoci 6, (No.	St.; Ward) [If death occurred in
2 FULL NAME Thu Thesley	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Make I take Single, MARRIED, MIDOWED OR DIVORCED (Write Wird)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Mov. 14 1857	,191 J, to May 2/- ,191 J,
(Month) (Day) (Year)	that I last saw h in alive on Thong 2 H - , 191 J?
7 AGE If SS than 1 day, hrs.	and that death occurred on the date stated above, at
3/7 yrs. 6 mos. /3 ds. OR min.?	The CAUSE OF DEATH & was:as follows:
8 OCCUPATION (a) Trade, profession, or	Chrome haghints
particular kind of work CVV	1 57 4 -
(b) General nature of Industry business, or establishment in	3 7 3 8 5
which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF O	(Duration) 2 yrs, — mos. — ds.
FATHER TO SALE MALE TO SALE TO	(Signed) LUSG , M. O.
11 BIRTHPYACE	5/27 , 191 J (Address) . Hancocc
U II BIRTH PRACE OF FATHER (State or country) State OF FATHER	*State the DISEASE CLUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS "OF INJURY; and (2) whether ACCIDENTAL,
T 12 MAIDEN NAME OF MOTHER SARAL BOOTH,	SUICIDAL OF HOMICIDALS *
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	OR RECENT RESIDENTS! At place in the of death yrs. mos. ds. State, yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MA KNOWLEDGE	Whore was disease contracted,
M 2 4 4 01	Former cr
(Informan) I Mus O Jumilles.	usual residence
(Address Caucoci 6 Mill.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 10 10 10	· L'eneetry Cancocs 6 mg May 29, 1815
Fled Mily 27, 1913 FEIL MILLS.	20 UNDERTAKER ADDRESS
REGISTRAR	Ill prulous Don & aucoclom
If more blanks are needed, address State Registrar, 1	16 W Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Cansus and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the disease causing death, employed, as At school or At home. Care should be mill; (a) Salesman. (b) Trocery; (a) Foreman, business, that fact may be indicated thus: Farmer (retired engaged in domestic service for wages, as Servant, Cook wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Hausekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question write None. Housemaid, etc. taken to report specifically the occupations of persons business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

mus, under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated state means of injury and qualify as surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the chopneumonia (secondary), 10 ds. Never report mere ges, perilonacum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull head-hamicide; Poisoned by carbolic acid-probably Struck by railway troin-accident; Revolver wound of to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," lapse," "Coma," "Convulsions," "Debility" ("Con-"An temia" (merely symptomatic), "Atrophy," symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping " "Old Age," "Shock," "Uracmia," "Weakness, or miscarriage as "Puerperal septichaemia, The contributory (secondary or intercur-(Recommendations "Exhaustion, ACCIDENTAL,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUN 51915

1 PLJ	ACE OF DEATH	6913 V	(4)	STATE OF M CERTIFICATE	
County La	Makeung 1000		Co	Registration	30/-
Village or C	city Hag sidle 2 FULL NAME Mr	row (No	Shocus Halps	st st; 3" Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PE	RSONAL AND STATIST	TICAL PARTICULARS		MEDICAL CERTIFICATE	OF DEATH
7 SILLA	le White	5 SINGLE, MARRIEO, WIOOWEO, OR OLVOREEO (Write the word)	17 I HI	(Monti	
7 AGE	FIRTH FES.	If LESS	that I last s	saw h x alive on Ala	
8 OCCUPAT (a) Trade, particular h	TION profession, or Correlation of work	mes. / 9 ds. OR m	The CAUSE	OF DEATH * was as foll	lows:
(b) General business, o which emplo	al nature of industry or establishment in oyed (or employer)	u and	Contribu Secondary	y	Noge
S II BIF	RTHPLACE FFATHER State or country) ALOEN NAME	Beckman	State CAUSES, SI	Chin. 18,120	or, in deaths from Violent (2) whether Accidental,
13 BII	RTHPLACE FMOTHER State or country) OVE IS TRUE TO THE BES	TOF MY KEROWLEDGE	OR RECENT At place of death	yrsmosds. Sise contracted,	the tate,yrsmosd
(Informa	7/1/21 Ool	Allow	If not al place of Former or usbal residence	of death?	
15 Filed 5	1dress) /0/14	Coury Day	20 UNOERTA	Reil Ogueter	AOORESS
j	. If more blanks			St., Balto., Requesting V. S. No.	o. I. I ma



[Approved by U. S. Census and American Public Health Association.]

C yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Screant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housewark, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, Stationary freman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the Women at honic, who are engaged in If retired from (b) Auto-

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only-definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state Means of injury and qualify as accidental, "Puerperal perilanitis," etc. birth or misearriage cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chranic interstitial Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver wound of The nature of the injury, as fracture of skull, The contributory (secondary or intercuras "Puerperal septichaemia, "Dropst," State cause for which Never "Exhaustion," report mere



	unty Parington lage or City Textury (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 366 St.; Ward) [It death occurred is a hospital or institution,
	FULL NAME Samuel Ha	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Male Wick (Write the word)	(Month) (Pay (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	(Month) (Day (Year)	may 8 1915 to may 9 1915. that last saw h 111 alive on may 8 1915.
TA	(2002)	and that death occurred on the date stated above, at 6 Am The CAUSE OF DEATH* was as follows:
(a pa (b) bus whi	GCUPATION Trade, profession, or reticular kind of work General nature of industry, iness, or establishment in ch employed (or employer) RTHPLACE (State or country.)	Contributory Street (Duration) yrs mos ds
PARENTS	10 NAME OF FATHER Sto Hartle 11 BIRTHPLACE OF FATHER (State or country) Liturburg 12 MAIDEN NAME	(Signed)
_	13 BIRTHPLACE OF MOTHER (State or country) Lout Know.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds
	(Informant) letitor farile	Where was disease contracted, It not at place of death?————————————————————————————————————
16 Fil	REGISTRAR	DATE OF BURIAL Leiterbruce Md May 12 14, 1915 20 UNDERTAKER Lew. B. Hoover Switcher bruge trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
>		



[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin

nus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nophritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the genital," "Scnile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Assepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) EX.



m

pinous OCCUPATION PHYSICIANS 10 statement PERMANENT EXACTLY. pinous properly AGE supplied. UNFADING may certificat that 80 0 back terms, pinous plain Instructions Information _ DEATH Every Item CAUSE OF Important.

00

15

Very

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No If death accurred in St.:....Ward) a hospital or institution. give its NAME lostead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OF RACE MARRIED. 1915 WIDOWED. (Month) (Day) (Year) ORDIVERCED I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at... 1 day, hrs. The CAUSE OF DEATH * was as follow OR min. ? ds. BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) -----Contributory..... ⁹BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER) (Signed) 11 BIRTHPLACE OF FATHER (State or country) N U U *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-04 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 4 OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. ____ mos. ____ ds. State yrs, ____ mos, Where was disease contracted. If oot at place of death? Former or usual residence.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

19 PLACE OF BURIAL OR REMOVAL

20 UNDERTAKER

DATE OF BURIAL

ADDRESS

...., 191.

COPY SENT TO LOCAL REGISTRAR NO31 & DATE 1- 23-V

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The ness. If retired from business, that fact may be indiminc, etc. Women at home, who are engaged in the dutles of the household only (not paid Housekecpers "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. essary to know (a) the kind of work and also (b) tion is very important, so that the relative wealthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples, Cerebrospinal fever (the only definite synonym is Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Hronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritondum, etc. Cartinions

childbirth or miscarriage, as "PUERPERAL scptichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the affection need not be stated unless important. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uracmia," "Weakness," "Hart failure," "Haemorrhage," "Inanition,". "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.; valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for Examples:



V. B.

PLACE OF DEATH	STATE OF MARYLAND			
County Washington	CERTIFICATE OF DEATH			
1	Registration Dist, No.			
Village or City Tay south (No	(Sethel st.; 5 Ward) a hospital or institution,			
FULL NAME William	Home by give its NAME instead of street and number.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Male Color or race 5 single, Married, Midowed, Widowed, Wildowed, Write the word)	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from			
B DATE OF BIRTH	apr 1 - 1913 to mar 3/ 1913.			
(Month) (Day (Year)	that I last saw h tom allve on Many 30 - 1915			
7 AGE	and that death occurred on the date stated above, at 11 4-m,			
23 yrs 8 mos 2 ds 0 mos . c 1 day	The CAUSE OF DEATH* was as follows:			
**SOCCUPATION (a) Trade, profession, or particular kind of work.	Composio of Live			
O(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) / yrsmosds.			
9 BIRTHPLACE (State or country) W. J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Contributory Than Secondary			
10 NAME OF FATHER CLIMILARY	(Signed) Cece 13 Welso, M. D.			
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, OF IN deaths from VIOLENT			
OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL, 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,			
13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsmosds			
(Informant)	Where was disease contracted, If not at place of death?————————————————————————————————————			
(Address) Taylor Mul	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 101			
Flied 6-2-, 191 5 Herry Davis	20 UNDERTAKER ADDRESS -			
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.				



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease cau be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scasis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medicai Association.) by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably The contributory Aiways qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (secondary or intercurrent)



m

ż

should state

18



[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not the nature of the business or industry, and therefore an of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Caroin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Never report



UNFADING

PHYSICIANS Should state RECORD PERMANENT DEAT 0 CAUSE C 8 ż

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred la a hospital or Institution give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED, married WIDOWED, (Month) (Day ORDIVORCED (Write the word) HEREBY CERTIFY, That ttended deceased from DATE OF BIRTH (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ⁹ BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SULCIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country __ yrs. State Where was disease contracted. KNOWLEDGE if not at place of death? usual residence BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

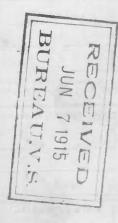
WRITE

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-The contributory Measics (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)



m

ż

PHYSICIANS should of OCCUPATION IS RECORD EXACTLY. classified. Pe THIS properly AGE pe UNFADING тау that 20 ō back terms, pinous plain instructions 2

DEATH WRITE 0 OF Every Item CAUSE OF Important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No.3 10 Ilf death occurred in St:----Ward) a hospital or institution. give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Dav (Year) OR OIVORCEO (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at f day.....hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death _____ yrs. ____ mos. __ _ ds. State _____ yrs. ____ mos. Where was disease contracted. 14 THE ABOVE IS BEST OF MY KNOWLEDGE if not at place of death? Former or usual residence DATE OF BURIAL (Address) 15 20 UNDERTAKER REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulessis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably Bronchopneumonia (secondary), 10 ds. Never report The contributory Measles (disease causing death), 29 ds.; (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for



	1 PLACE OF DEATH	STATE OF MARYLAND
	County (Vashinston	CERTIFICATE OF DEATH
	1 7/ 0	Registration Dist. No. 3 4
1	Village or City Dagersloww (No. 609, W.	Ohurch St.; Ward) [If death occurred in a hospital or institution,
/	2 FULL NAME & ENJamin fram	while with the street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORDED MINES	16 DATE OF DEATH Month (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day) , 1861.	that I last saw h alive on, 191,
	7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at 2
	#6 yrs. 05 mos. 7 ds. OR min.?	The CAUSE OF DEATH * was as follows:
	B OCCUPATION (a) Trade, profession, or Machine, at	Jubiculosis
	particular kind of work	
	business, or establishment in W. M. A. R. Shope	de d
	9 BIRTHPLACE (State or country) Maryland	Secondary AD (Burstian) was man da
	10 NAME OF PEONE (W. MELEST	(Signed) Hoenry Davis, Loe Regtor.
	State or country) Marilland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (I) Means of Injury; and (2) whether Accidental,
	of Mother Chantethe Doyle	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) Markana	At place In the of deathyrsmosds. State,yrsmosds.
	(Informant) MAS MARY WILLER	If not at place of death?
	The area of the hard Man	19 PEACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Mag VI WW VIII.	BUNT CYEER 6/21, 1915.
)	Filed 6/1 1915 Houry Davis	20 UNDERTAKER ADDRESS
	REGISTRAR If more blanks are useded, address State Registrar I	16 W Stratoga St., Balto,, Requesting V. S. No. 1.



[Approved by U. 8. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Furm laborer, Laborer write None or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton mobile factory. is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the cian, Compositor, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-The material worked on may form part Architect, At home. Care should be Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

20

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telonus) may be stated under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning: SUICIDAL, Or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal pertionitis," etc. State cause for which "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the chopmeumonia (secondary), 10 ds. Never report mere cause. genital," "Senile," symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important nephritis, etc. cough; Chronic vakeulor heart disease; Chronic interstitial ges, perilonacum, etc., Carcinoma, Sarcoma, etc., of.... "Anaemia" Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercuretc.), "Dropsy," "Exhaustion,"



OZIOZ	PERMAN
= m	4
~	S
101	THIS
ED	INK
MARGIN RESERVED FOR BINDING	I UNFADING INK-THIS IS A PERMAN
Z	WITH .
Z	INLY,

WRITE PLA

V. S. No. 1.

ENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

1 PLACE OF DEATH



6920

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3

St.;--.....Ward) [if death occurred in a hospital or institution, give its NAME instead

PERSONAL AND	STATISTICAL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH
mule The	OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the w	narried ord)	16 DATE OF DEATH 2004 2/ 1915 (Month) (Day (Year)
TAGE	Month) (Day	(Year) If LESS than f day,hrs. ORmin.?	that last saw h alive on 22 1, 1913 and that death occurred on the date stated above, at 2 9 14 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry,	ruer Retu	L CL	2
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Maguia		Contributory D. (Duration)
10 NAME OF FATHER Gentle	rue franklin o	Lisky.	(Signed) When we will have the state of the
11 BIRTHPLACE OF FATHER (State or country) UM 12 MAIDEN NAME OF MOTHER	Verfund	white	*State the DISEASE CAUSING DEATH, or, in deaths from Vacuum CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO	THE BEST OF MY KNOW	/LEDGE	At place lo the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death?
(Address) Tasf 16 Files May 2.2, 1915	way mel	Yara REGISTRAR	19 place of Burial or REMOVAL DATE OF BURIAL Cayer Course, Man May 2.3, 1915 20 UNDERTAKER ADDRESS ACCORDER OF BURIAL OF REMOVAL PAGE OF BURIAL ADDRESS ACCORDER OF BURIAL PAGE OF BURIAL REMOVAL PAGE OF BURIAL PAGE OF BURIAL



[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully cmployed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer Coal "Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return (b) Cotton mill; (a) Salesman, (b) "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitual nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report thre of the American Medical Association.) Accidental drowning; Struck by railway train-acci-The contributory (Recommendations on statement of (secondary or intercurrent)



BINDING

FOR

RESERVED

MARGIN

PLACE OF DEATH 6921	YLAND
County Mashington CERTIFICATE OF	DEATH
Registration Dist.	No. 002
Village or City Hagerstourn (No. 137, Carellion St.; 5 Ward)	[If death occurred in a hospital or institution, give its NAME instead
2 FULL NAME Ermua May Lizer	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF	DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 5
Lemale White (Write the word) MARRIED WIDOWED WIDOWED (Month) (Write the word)	(Day) (Year)
Concate white (Write the word) 17 HEREBY GENTIFY, That Latte	nded deceased from
15 7 (191 to 2)	, 191.
(Month) (Day) (Year) that I last saw h alive on	, 191
7 AGE If LESS than and that death occurred on the date sto	red above, at 3.2.2.6m.
yrs. 2 mes. / 6 ds. OR min.? The CAUSE OF DEATH * was as follows	S:
8 OCCUPATION (a) Trade, profession, or	0
x particular kind of work thouse worth (Oosewales of	Stander .
(b) General nature of industry business, or establishment in	yre g mae de
which employed (or employer)	Wes
(State or country)	* * * * * * * * * * * * * * * * * * *
10 NAME OF	yrs. mos. ds.
Herrae, Confrit	45-at 111115-
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF, MOTHER OF, MOTHER OF, MOTH	n deaths from VIOLENT
CAUSES, State (1) MEANS OF INJURY; and (2) 12 MAIDEN NAME SUICIDAL OF HOMICIDAL.) whether Accidental,
OR PROPERT PROPERTY	STITUTIONS, TRANSIENTS,
of MOTHER	yrşmoads.
Where was disease contracted,	at at
Pormer or	ď.
(Informant) Blasselv Light usual residence	
www. A. J. J. Onto Mitter 1: X M	May 2 2, 1915
13 Discourse in the	ADDRESS
I ONDERIARER	
1917	3 6 Wash St



[Approved by U. S. Census and American Public Health Association.]

E yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers "Forenian," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Campasitor, Architect, Locamative engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question f the second statement. Statement of Occupation-Precise statement of occupa--Caal mine, etc. very important, so that the relative healthful-The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonio, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory:" - (Recommendations and consequences (e. g., sepsis, telanus) may be stated heod-homicide; Poisoned by carbolic acid-probably Struck by roilway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. birth or miscarriage as "Puerpenal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Brow-"Tumor" for malignant neoplasms); Measles; Whooping The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," State cause for which Never report mere "Exhaustion," mound



A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS V. S. No. 1.

BINDING

	-1 PLACE OF DEATH	STATE OF MARYLAND
Cou	nty Washington	CERTIFICATE OF DEATH
	11	Registration Dist. No. 3//
Villa	age or City Vlas Donous Ville	St.; Ward) [it death occurred a hospital or institution give its NAME inste
	2 FULL NAME (Myra Jourse	Jong of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5.5	Hemse White Single, MARRIED, Single OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH May (Month) (Day), 19
6 D/	ATE OF BIRTH 2/ 19/5°	May 2, 1915, to May 27, 191
7 AC		and that death occurred on the date stated above, at
-	yrs. mos. ds. or min.?	The CAUSE OF DEATH # was as follows:
8 0	a) Trade, profession, or	
na	articular kind of work	
) (I	b) General nature of Industry	
M (I	b) General nature of Industry usiness, or establishment in hich employed (or employer)	(Durstion) yrs. mos. 6
M (I	b) General nature of Industry usiness, or establishment in	Contributory albaustin
9 B	Arlicular kind of work b) General nature of Industry usiness, or establishment in hich employed (or employer)	Contributory alhaustein
9 8 S-N	articular kind of work b) General nature of Industry usiness, or establishment in hich employed (or employer) ITRTHPLACE (State or country) 10 NAME OF FATHER IT BIRTHPLACE OF FATHER (State or country) Manyland	Contributory Culhaustein Secondary (Signed) Contributory Culhaustein Marchael March
9 B	articular kind of work b) General nature of Industry usiness, or establishment in hich employed (or employer) ITRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	(Signed) (Signed) (Signed) (Signed) (State the DISEASE CAUSINO DEATH, or, in deaths for VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental Suicidal or Homicidal. (Signed) (
PARENTS 8 6 Mind	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) Mayland 14 BIRTHPLACE OF MOTHER (State or country) Mayland 15 BIRTHPLACE OF MOTHER (State or country) Mayland	Contributory Secondary (Signed) (Signed) (Signed) (State the DISEASE CAUSINO DEATH, or, in deaths for VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental Suicidal or Homicidal. (SIGNETH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIF OR RECENT RESIDENTS) At place of death
PARENTS 8 6 Mind	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) Mayland 13 BIRTHPLACE OF MOTHER (State or country) Mayland 14 BIRTHPLACE OF MOTHER OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) (Signed) (Signed) (Signed) (State the Disease Causino Death, or, in deaths for Yiolen Causes, state (1) Means of Injury; and (2) whether Accidental Suicidal or Homicidal. (Signed) (State the Disease Causino Death, or, in deaths for Yiolen Causes, state (1) Means of Injury; and (2) whether Accidental Suicidal or Homicidal. (Signed) (Signed) (Signed) (State the Disease Causino Death, or, in deaths for Yiolen Causes, state (1) Means of Injury; and (2) whether Accidental Suicidal or Homicidal. (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (State the Disease Causino Death, or, in deaths for Yiolen Causes, state (1) Means of Injury; and (2) whether Accidental Suicidal or Homicidal or
PARENTS 8 6 Mind	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) Mayland 14 BIRTHPLACE OF MOTHER (State or country) Mayland 15 BIRTHPLACE OF MOTHER (State or country) Mayland	(Signed) (Address) (Address) (Address) (Address) (Duration) (Signed)
PARENTS STATE	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) Mayland 13 BIRTHPLACE OF MOTHER (State or country) Mayland 14 BIRTHPLACE OF MOTHER OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (State the Disease Causino Death, or, in deaths for Violen Causes, state (1) Means of Injury; and (2) whether Accidental Suicidal or Homicidal. (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (State the Disease Causino Death, or, in deaths for Violen Causes, state (1) Means of Injury; and (2) whether Accidental Suicidal or Recent Residents (For Hospitals, Lastitutions, Transit or Recent Residents) (Signed)
9 8 SHN 3 H A T 15	10 NAME OF FATHER 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) Mayland 14 BIRTHPLACE OF MOTHER (State or country) Mayland 15 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) ANALY (Informant)	(Signed) (Address) (Address) (Duration) (Signed) (S



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired C yrs.). For persons who have no occupation whatever, employed, as At school or At home. Care should be write Nonc. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Serront, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—('oal mine, etc. Women at home, who are engaged m the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Loborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, The material worked on may form part Architect, Never return "Laborer," Locomotive engineer, (b) Auto-Civil

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

mus," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, letonus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by curbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning, "PUERPERAL perilonities," etc. birth or misearriage cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uracmia," "Weakness." genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatie), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonio (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcomo, etc., of (name origin; "Cancer" is less definite; avoid Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, etc. railway train-accident; Revolver wound of The contributory (secondary or intercuras: is less definite; avoid use of "Puenperal septicharmia," State cause for which Never report mere "Atrophy," "Exhanstion," ACCIDENTAL unportant ("Con-



S. No. 1.

1 PLACE OF DEATH

	PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIF
3 5 1	Avale White Single, MARRIED, WIDOWED OR DIVORCE (Write the wind	Marriel	S DATE OF DEATH
6 DA	TE OF BIRTH Gwil 18 (Month) E 72	If LESS than a	hat I last saw have alive on and that death occurred on the
0 80	CCUPATION) Trade, profession, or		·
THE THE PERSON WE WAS A PERSON WHEN THE PERSON WE WAS A PERSON WHEN THE PERSON WE WAS A PERSON WHEN THE PERSON WHEN THE PERSON WE WAS A PERSON WHEN THE PERSON) Trade, profession, or ricular kind of work) General nature of industry siness, or establishment in ich employed (or employer)		Contributory & Cer
Tant. See instructions of	Orange of the state of the state of the state of country) 10 NAME OF FATHER THORSE	WE/o (1)	Contributory & L. Secondary Signed) L. Simon (Address) May 16, 191. (Address) State the DISEASE CAUSING
or o	OF TRAME OF FATHER SHOOMAS ROOMS	och:	Secondary

STATE OF MARYLAND CERTIFICATE OF DEATH

[If death occurred in

a hospital or lostitution, give its NAME instead of street and number.]

TE OF DEATH 1918 (Day) ttended deceased from te statéd above, at ollows: H, or, in deaths from VIOLENT and (2) whether Accidental, TALS, INSTITUTIONS, TRANSIENTS, In the Stats,yrs.mos.ds. DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully —Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton write None. taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Loborer of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part Hausemaid, etc. If the occupation has been changed mill; (a) Salesmon, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line know (o) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to eian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If retired from (b) Aulo-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Branchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetamus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably mus, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Struck "PUERPERAL perilonilis," etc. birth or misearriage cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraomia," "Weakness," genital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronie valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Caneer" is less definite; avoid use of Nomenclature of the American Medical Association.) Always qualify all diseases resulting from childby railway train-accident; Revolver wound as "Puerperal septichaemia," State cause for which Never report mere "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PUREAU,V.S.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

1 PLACE OF DEATH



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) CAUSING DEATH, state occupation at beginning of ill-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasics (disease causing death), 29 ds.; such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) For VIO-



PHYSICIANS should of OCCUPATION IS RECORD PERMANENT -THIS OE UNFADING Informati 5 DEATH

NRITE

of

m

ż

OF Item CAUSE OF

15

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution. give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) (Monch) (Day (Year) I HEREBY CERTIFY, That I OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at f day hrs. The CAUSE OF DEATH* was as follows: OR... ..min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in 2 mos 2 ds. (Duration) which employed (or employer) BIRTHPLACE Contributory. (State or country) Secondary (Duration) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) __ mos. ... State _____ yrs. ... yrs. ds. Where was disease contracted. 14 THE ABOVE IS TRU KNOWLEDGE if not at place of death? Former or usual residence DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of Never report

* .



V. S. No. 1.

	PLACE OF DEATH 5	STATE OF MARYLAND
	County Washington	CERTIFICATE OF DEATH
		Registration Dist. No.
	Village of Prising Stillbirth	Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED Single OR DIVORCED OR DIVORCED	16 DATE OF DEATH ZULY 2 (Month) (Day) (Year)
cate	6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
ertifi	May 21, 19/5	that + last saw h alive on
ack of ce	7 AGE Stillbirth 1 day, hrs. Vrs. mas ds. OR min.?	and that death occurred on the date stated above, at // ** The CAUSE OF DEATH ** was as follows:
instructions on b	8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	Brech frescutation (Duration) yrs mos de Contributory Delayed labor (Instructed)
See in	(State or country) Maryland 10 NAME OF FATHER/ / // // // // // // // // // // // //	Secondary (Odrailon) yrs mos ds.
important.	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 BIRTHPLACE OF FATHER OF FAT	State the DISEASE CAUSINO DEATH, or, in deaths them VIOLENT CAUSES, state (I) Means of Injury; and (2) whether Accidental,
Is very	13 BIRTHPLACE OF MOTHER (State or country) Manfland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of deathyrsmosds. State,yrsmosds. Where was disease contracted,
OCCUPATION	(informant) adolphing H. Maly	if not at piece of death ?
CUF	(Address) Williamsfon & Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL WILL MAJ 22, 1915
00	Filed Marg 21/, 1915-6, E. Rickard	20 UNDERTAKER ADDRESS MILLIAMS AND MICH.
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Byto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulness of engaged in domestic service for wages, as Servont, Cook, wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers E yrs.). state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," "Foreman," "Manager, "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton business, that fact may be indicated thus: Farmer (retired precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomolive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective business or industry, and therefore an additional line know (o) the kind of work and also (b) the nature of the -Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the various pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hearnorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by corbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemio," "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Colchopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valendar heart disease; Chronic interstitian "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of Always qualify all diseases resulting from child-The contributory (secondary or intercur-Never report, mere ACCIDENTAL,



[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Former (retired state occupation at beginning of illness. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton first line will be sufficient, e. g., Farmer or Plonter, Physiwrite None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. taken to report specifically the occupations of persons mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stotionary fireman, etc. But in many cases, applies to each and every person, irrespective of age. engaged in domestic service for wages, as Servant, Cook, the duties of the household only (not paid Housekeepers of the second statement. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, various pursuits can be known. The question For persons who have no occupation whatever, If the occupation has been changed Never return "Laborer," Locomotive engineer, etc., without more If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee and eonsequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver to determine definitely. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "Puerperal peritonilis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion." "Heart failure," "Hemorrhage," "Inanition," "Maras-"Anaemia" (increly symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. eough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Caneer" is less definite; avoid use of or miscarriage as "Puerperal septichaemio," "Old Age," "Shock," "Uracmia," "Weakness," "Senile," etc.), The contributory (secondary or intercur-Examples: Aecidental drowning; State cause for which Never report mere (Recommendations mound



V. S. No. 1.

ż

sted EXACTLY. PHYSICIANS should atate Exact statement of OCCUPATION is very A PERMANENT RECORD stated EXACTLY. of information ahould be esrefully supplied. AGE should be still DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS . B.—Every Item e CAUSE OF I

7	PLAC	CE O
Villag	or Git	ty 2
	FULL	. NAI
	PERSO	NAL A
JEM.	ale	20
6 DATE	OF BIRT	н
TAGE		,
	\$7	till
(a) Trade	PATION	

V(5)	STATE OF
	Re

MARYLAND E OF DEATH

gistered No. R

Cagerstown (No. 117 East ave St; 4 Ward)

[If death occurred to a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, Single, MARRIED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH May 2nd, 1915 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I sttended deceased from on flay 2nd 1915, to 191-,
(Month) (Day) (Year)	that I last saw hat athe on Still burn 191
Still form. mes. de. OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
GOCCUPATION (a) Trade, prefeccion, or particular kind of work. (b) General nature of industry.	
businees, or eetablishment in which employed (or employer)	(Duration) yrs moe as
*BIRTHPLACE (State or country) Washington (°.	(Secondary) (Onration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country) Warren Co. Va.	(Signed) Cheller , N. D. Llay 2 nd , 191 5 (Address) Hage 15 Town Ma *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY: and (2) whether Accura-
12 MAIDEN NAME OF MOTHER Mammie Sukinger. 13 BIRTHPLACE OF MOTHER (State or country) Strowsburg Va.	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ef death yrs. mos. ds. State yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Fasher	Where was disease contracted, if not at place of death? Former or usual residence. Dragers town. Md
(Address) // Cost an Hagustonnella Filed 5-3- 1815 Herry Davis REGISTRAN	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ROSE Hell Cemelen 3 , 1915 20 UNDERTAKER ADDRESS L. M. States & Son Ha and John M.
If more blanks are needed, address State Regist	ear, 6 E. Franklin St., Balto., Requesting V. S. No. 1



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-lirospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for malleoma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Examples:



V. S. No. 1.

RECORD	PHYSICIANS should state of OCCUPATION IS very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Washingtone,	Registration Dist. No. 305
yillage or City Bow low (No,	St; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remole White (Write the word)	18 DATE OF DEATH Pray 4 1, 1915. (Mighth) (Day (Year)
October 294, 1848 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from January 3 11, 1911, to May 41, 1911, that I last saw h. e. alive on Christ 1 " 1911.
7 AGE If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at 3.0 m. The CAUSE OF DEATH* was as follows:
* OCCUPATION (a) Trade, protession, or particular kind of work	and Dryffa
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs 3 mos. 4 ds.
9 BIRTHPLACE (State or country) mory land,	Contributory Secondary
10 NAME OF Jolomore Houft.	(Signed) (Stander) (Address) (Documents Company) (Signed) (Address) (Documents Company)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs, mos ds State yrs, mos, ds Where was disease contracted, If not at place of death?
(Informant) Thomas Regnan	Former or usual residence.
16 Filed Way 7 1915 Sea, M. Storr J. P.	19 PLACE OF BURIAL OR REMOVAL DOTUS CONSTRUCT 20 UNDERTAKER ADDRESS
REGISTRAR	Inllean A. Bat. Boousbow. Hed rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuleated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many oecupations a single word or term on the who have no occupation whatever, write Nonc. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronie ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from tetanus) may be stated under the head (Recommendations on statement of State cause for Never report



Village or City Sharpsburg (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [It death occurred is a hospital or institution, give its NAME instead of street and nomber.]
FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, ORDIVERCED (Write the word)	MEDICAL GERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
TAGE (Month) (Day (Year) (that I last saw him allow on 5/2, 1915, to: 5/12, 1915, that I last saw him allow on 5/2, 1915 and that death occurred on the date stated above, at 6 m, The GAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE* (State or country) State or country)	Contributory La Griffe Secondary
10 NAME OF FATHER John Otto 11 STRTHPLACE OF FATHER 2 (State or country) M. d. 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) S. Howell Gardier, M. O. S. 1915. (Address) Street, M. O. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place In the of death yrs. mos. ds. State 'yrs. mos. ds Where was disease contracted, it not at place of death? Former or osual residence
(Address)	20 UNDERTAKER Tar, 6 E. Franklin St., Balto., Bequesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons should be taken to report-specifically the occupations "Manager," "Dealer," etc., without more precise speciadditional live is provided for the latter statement; cases, especially in industrial employments, it is necness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. material worked on may form part of the second (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the nisease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (a void use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of...... (name origin; "Canvalvular heart disease; Chronic interstitial nephritis, "nant neoplasms); Measles; Whooping cough; Chronic ample: Measles (disease causing death), 29 ds.; mere symptoms or terminal conditious, such as "As-Bronchopncumonia (secondary), 10 ds. cer" is less definite; avoid use of "Tumor" for maligmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the thenia," "Anacmia" (merely symptomatic), "Atrophy," affection need not be stated unless important. sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion, The nature of the Never report For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING FOR WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN V. S. No. 1.

1 PLACE OF DEATH	STATE OF MARYLAND
County Washington	CERTIFICATE OF DEATH
County W Williams	Registration Dist. No. 302
Village or City Harry loure No Wash.	On Monditales. B Ward [If death occurred in
Village or City VIII (No.	a hospital or institution, give its NAME instead
2 FULL NAME Thuramed Child of	The of arma Come, of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH Muel 7, 1915 (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That yettended deceased from
May 7 1915	1917 10 10 10 1910 , 1910 ,
(Month) (Day) (Year) 7 AGE If LESS than	that I last saw h Valled 1 191 ,
1 day, hrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
Clubs V this ds. OR min.?	T.I.A.
OCCUPATION (a) Trade, profession, or	Still form at 6-7 Mg
particular kind of work (b) General nature of industry	
business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Mary Land	Secondary (Quration) vrs. mos ds
10 NAME OF FATHER How Peyer	(Signed) J. R. Laughten, M. O.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER	State the Disease Causer Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
T 12 MAIDEN NAME OF MOTHER	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSJENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
(State or country) Marylault,	of deathyrsmosds. Stats,yrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant) LTUU U LUUU,	usual residence
(Address) Cag En loww Mig.	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 FIT 1 - 260 A	20 UNDERTAKER ADDRESS -
Filed 7, 191 7 REGISTRAR If more blanks are needed, address State Registrar.	C.M.SUTER & SON HAGERSTOWN



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the disease causing death, taken to report specifically the occupations of persons -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer write None. Housemail, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Growry; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, Locomolive engineer, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-But in many cases, If retired from (b) Anto-

Statement of Cause of Death—Name, first, the disease causing death, (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar "pneumonia, Branchopmeumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull surgical operation was undertaken. For violent deaths mus, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, Struck by to determine definitely. Examples: Accidental drowning: "Puenpenal perilanitis," etc. birth or miscarriage as "PUERPERAL cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, etc. cough; Chronic valvular heart discose; Chronic interstitial "Tunior" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of railway train-accident; Revolver wound of The contributory (secondary or interem-State cause for which Never report mere septicharmia,"



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

N. B.

PLACE OF DEATH 6932

STATE OF MARYLAND GERTIFICATE OF DEATH

Registration Dist. No. 30

St . .Ward) [It death occurred in

FULL NAME John Ren	give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
June 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	(Monda) (Day (Year)
TAGE O DATE OF BIRTH (Math) (Day (Year) (Tess than	that I last saw hall alive on leading to 1915,
BOCCUPATION To mos 24 ds. or min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. A suppose the control of industry, business, or establishment in which employed (or employer)	(Duration) Conference ds.
9 BIRTHPLACE (State or country) W. Jan. 10 NAME OF PATHER DAVID PLENIX	Contributory Secondary (Duration) yrs mos ds. (Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Al place In the of death yrs mos ds. State yrs mos ds. Where was disease contracted.
(Informant) Sallie a Sandero (Address Hagerstown R. D. 2.	It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Disy 8, 1915 Saviel M. Miller REGISTRAR	20 UNDERTAKER BAST & Clear Shows
It more blanks are needed, address State Regist	rar, 6 E. Frandin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or fudustry, and therefore an cases, especially in iudustrial employments, it is necfication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertakeu. "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendatious on statement of For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DUN 51915
BURTAUNS

RECORD statement PERMANENT EXACTLY. UNFADING INK-THIS properly WITH WRITE 0 OF

PHYSICIANS should state of OCCUPATION is very County .St.: **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED, (Write the word) DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than 1 day hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) Coneral nature of Industry, business, or establishmoot in that it may certificate. which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER, 00 back PARENTS 11 BIRTHPLACE OF FATHER (State or country) 0 12 MAIDEN, NAME See instructions OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE BEST OF MY KNOWLEDGE (loformant) CAUSE OF Important. (Address). 16 20 UNDERTAKER REGISTRAR ż

1 PLACE OF DEATH

6333

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

...Ward)

[If death occurred in a bospital or institution. givo its NAME lostead of street and number.]

DATE OF BURIAL

ADDRESS

MEDICAL	L CERTIFICATE	OF DEATH	The later
16 DATE OF DEATH	May (Month)	12 (Day	, 1913 (Year)
17 I HEREB	Y CERTIFY, That		
	1915 to M		
	O AAA	1	, 191\.
that I last saw hat a	live on Ylla	4/12	191.5.
and that death occurred	on the date state	od shave at /	1-15 P
The CAUSE OF DEATH	1/	1	
Julya	land	ska	21
of the Hun	<i>y</i>	·	
	***********************************	***************************************	
	(Duration)	3	ma 17 4
			mus , . d d us .
Secondary			
Drohey	(Doration)	v. 2	mae de
	18 1		asra, M. O.
May 13, 1915	(Addross) Ha		Erry 100 2
*State the DISEASE (CAUSES, STATE (1) ME. TAL, SUICIDAL, OF HOM	CAUSING DEATH, CANS OF INJURY; ICIDAL.	or, in deaths is and (2) whet	rom VIOLENT her ACCIDEN-
16 LENGTH OF RESIDENT	CE (FOR HOSPITAL	a, Institutions	TRANSIENTA,
At place	In the		
of death yrs mos	ds. State	угз	. mos ds
Where was disease contracted,			
If not at place of death?	**********************		
usoal rosidonce			

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1,



[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary fireman, etc. But In many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of..... (name origin; "Canaffection need not be stated unless important. mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease eausing death), 29 ds., ture of the American Medical Association.) eause of death approved by Committee on Nomenclasepsis, tetanus) lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsious," "Debility" ("Con-"Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion, (Recommendations on statement of may be stated under the head The nature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUN 11915
BUREAUNE

V. S. No. 1.

N. B.

PERMANENT stated EXACTLY carefully supplied. AGE should be so that it may be properly classified. UNFADING INK-THIS IS -Every item of Information should be carefully suc CAUSE OF DEATH in plain terms, so that it mid Important. See instructions on back of certificate. WRITE PLAINLY, WITH

PHYSICIANS should state

Exact statement

RECORD

Village or City Gettlestorous	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 305 [It death occurred in a health or incitioning
FULL NAME Dary a/	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemal White (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
May Day (Year)	that I last saw h. ST allve on May 4 2th 1915
7 AGE If LESS than 1 day,hrs. OR. min. ?	and that death occurred on the date stated above, at
a) Trade, profession, or particular kind of work	Lalendar Disease Hours
(h) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. 6 mos. 0 ds.
9 BIRTHPLACE (State or country) Mary Coma	Contributory Secondary (Doration) yrs mos 7 ds.
10 NAME OF DAVIGE Reeder	(Signed) LO. Co. Le
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER Luth Clexander	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
(State or country) Mary Cand	ot death yrs. mos. ds. State yrs. mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Informant) Charles Jours	Former or usual residence.
(Address) MI colletoner Mc KT	rettestown Comelers May 1915
Filed May 9, 1945 Cea, M. Slover De	120 UNBERTAKER + Batt Brown box or Mal

If more blanks are needed, address State Registrar, 6 E. Frankiin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) (Recommendations on statement of Never report



UNFADING INK-THIS IS A

WRITE PLAINLY, WITH

Every Item of Information should be CAUSE OF DEATH in plain terms, so

.

ż

DEATH in plain terms,

iated EXACTLY. PHYSICIANS should Exact statement of OCCUPATION is

stated EXACTLY.

properly classified.

pinous

AGE

carefully supplied. that It may be

See instructions on back of certificate.

Important.

15

Filed.

RECORD

PERMANENT

1 PLACE OF DEATH

693.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 309	

St.: -Ward)

MEDICAL CERTIFICATE OF DEATH

[If death occurred in a hospital or lostitution, give its NAME instead of street and number.]

DATE OF BURIAL

ADDRESS

		NAL AND STAT	ISTICAL P	ARTICUL	ARS
1	emale	whit.	MAR	RIED, WO	Parried
10	ATE OF BIRTI	4	1		
		7.0	<i>L</i> .	23	1
7 A	GE	5 3 yrs	onth)	(Day	if LESS than 1 day,hrs
(a pa	CCUPATION) Trade, protession rficular kind of wo	or Hans	umij	ds.	<u>OR</u> min. ?
(a) (b) but wh) Trade, protession	or Advantage of Industry, shmenf in semployer)	umij Md	Le	
pa (b) but Wh) Trade, protession rficular kind of wo) General nature o tiness, or establi ich employed (or o	f industry, shmenf in employer)	miy Hrd	Le Inlin	day
(a pa (b) bus wh) Trade, protession rficular kind of wo 0 General nature o iness, or estabil ich employed (or of IRTHPLACE (State or cou-	or Wars	unig Md	Le Irlind	day
(a pa (b) bus wh) Trade, protession rficular kind of wo 0 General nature o iness, or estabil ich employed (or of IRTHPLACE (State or cou-	f industry, shmenf in employer) ACE LER r country)	And Wela	Le Inlind	day

6 DATE OF DEATH May 3 4	
(Month) (Day	(Year)
17 HEREBY CERTIFY, That I attended d	eceased from
Apr 6 1915 to may	3
, 19 to	191.5.
hat I last saw here allve on Mary 2	191.5
// /	1-300
and that death occurred on the date stated above, st	
The CAUSE OF DEATH* was as follows:	
A. A	7
Neule Delilateon, 1	-
Heash	F
1 7 7 7 7 8 8 8 8 8 1 1 1 1 1 1 1 1 1 1	
yrsyrs	.mosds.
Contributory	
Secondary	
(Ouration) yrs	.mosds.
(Signed) It, VF. 7 dender	
may 4 , 1915 (Address) Hay 250,	lown, M.
*State the DISEASE CAUSING DEATH, or, in deaths f CAUSES, state (1) MEANS OF INJURY; and (2) whet TAL, SUICIDAL, OR HOMICIDAL.	rom VIOLENT her Acciden-
16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS OR RECENT RESIDENTS)	TRANSIENTS,
At place in the	
ot death yrs mos ds. State yrs,	. mos ds
Where was disease contracted.	
if nof af place of death?	***************************************
usual residence	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion,



Pauld	NO
information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is a lastructions on back of certificate
EXACTLY.	statement
tated 1	Exact
be	Mied.
Pinoy	class
AGE 8	properly
iled.	pe
dns	Tay to
fully	It It
Care	tha
9	80
pinous	DEATH in plain terms, so that it make instructions on back of certificate
on s	plain
mati	In
Inform	EATH e instr
-	A 6

state yery CAUSE OF Important.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, married WIDDWED, ORDIVORCED (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, f day,.....hrs. fallows: OR ? mos BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death _____ yrs. ___ mos. __ State _____ yrs, ___ Where was disease contracted. TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death?.. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL (Address' DATE OF BURIAL 15 29 UNDERTAKER ADDRESS Flied REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



11111

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Civil engineer, Stationary freman, etc. But in many (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) The contributory Meastes (disease causing death), 29 ds.; (secondary or intercurrent) Never report



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of PERMANENT RECORD BINDING PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN WRITE V. S. No. 1.

N. B.

1 PLACE OF DEATH

Village or City Ray oustonn m (No,	Registration Dist. No. [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH Lay V3, 191; (Month) (Day) (Year
G DATE OF BIRTH May. 73 19	17 I HEREBY CERTIFY, That I attended deceased from 191 , to 191 ,
	and that death occurred on the date stated above, at
S OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) S BIRTHPLACE (State or country)	(Buralion) yrs mos. Contributory Secondary
N C C C C C C C C C C C C C C C C C C C	
10 NAME OF FATHER Grant River 11 BIRTHPLACE OF FATHER (State or country) Hogenfown Lle 12 MAIDEN NAME OF MOTHER Uffice Province	(Signed) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place in the
FATHER Grant River 11 BIRTHPLACE OF FATHER (State or country) Hogenfown Ill 12 MAIDEN NAME OF MOTHER Effici Broker	(Signed) *Stitle the DISPASE CAUSING DEATH, of, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OF RECENT RESIDENTS)

STATE OF MADVIAND



[Approved by U. S. Census and American Public Health Association.]

wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm loborer, Loborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupathe second statement. Never return is very important, so that the relative healthful-Compositor, Architect, For persons who have no occupation whatever, Locomolive engineer, If retired from without more "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease, Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

mus," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated birth Struck by railway train—accident; Revolver wound head—homicide; Poisoned by carbolic acid—probo SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. genital," "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite disease can be ascertained as the genital," "Senile." etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic vulvulor heart disease; Chronic interstitut "Tumor" for malignant neoplasms); Meostes; Whooping or miscarriage "Old Age," "Shoek," "Uracmia," "Weakness," Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile." etc.), The contributory (secondary or intereuras "Puenperal septichaemia, carbolic acid—probably State cause for which Never report mere (Recommendations ("Con-



PERMANENT UNFADING INK-THIS WITH PL of Inform

10

PHYSICIANS should of OCCUPATION IS

statement

properly

may

80 of

plain

2

OF

Every Iter CAUSE O

1

ż

WRITE

RECORD

1 PLACE OF DEATH STATE OF MARYLAND ERTIFICATE OF DEATH Registration Dist, No .-If death occurred in -Ward) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED, Marued (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH alive on..... (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. t day.....hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ... 1915... (Address)... ENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SULIDAL, Or HOMICIDAL. PAR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) . yrs. State ____ Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death?. Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDOESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATIES state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal septiehaeetc, when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. "Contributory." (Recommendations on statement of The contributory Always qualify all diseases resulting from (secondary or intercurrent) Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUN 31915
BUREAU, V.S.

village or City Mage No. 412, See 2 FULL NAME MAN. Ann. A	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORGE COLOUR	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That t attended deceased from
6 DATE OF BIRTH Sec. 31, 1733. (Month) (Day) (Year)	57 6 1915 to 5/16 ,1915, that I last saw hely alive on 5/16 ,1915,
TAGE If LESS than 1 day, hrs. OR min.? B occupation (a) Trade, profession, or particular kind of work	and that death occurred on the date stated above, at 45 m. The CAUSE OF DEATH * was as follows: acute Di Lation of Heart
(b) General nature of industry business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
BIRTHPLACE (State or country) Jerginia.	Secondary Clears Selection (Oursign) 978 mos. ds.
10 NAME OF FATHER ACCUATE SAUCTURY 11 BIRTHPLACE OF FATHER (State or country) (TOLICIA) 12 MAIDEN NAME C 1.	(Signed) -thu Durelles . M. 0. 5//(. 191
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant)	Former or usual residence
(Address) 4/2 Juniout aux	Lovettsville Val 5/19", 1915.
Filed 5-18-, 1915 Centry Davis	O:M: SUTER & SOM . HARSAMAIN

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S.B.

V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook. who receive definite salary, may be entered as House-wife, nousework, or At House, and children, not gainfully employed, as At school or at home. Care should be "Foreman," "Manager," "Letter, etc., without more precise specification as Day laborer, Farm laborer, Laborer precise specification as Day laborer, Farm laborer, Laborer write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the nisease causing neath, Housemaid, etc. If the occupation has been changed the duties of the mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Plonter, Physiapplies to each and every person, irrespective of ageness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Coal mine, etc. Women at home, the engaged in ne duties of the household only (not pain Housekeepers Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Locomotive engineer, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and officiation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoictuse of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopucumonia ("Pneumonia, menin-unqualified, is indefinite); Tubercubosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull mus, on Nomenelature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible etc., when a definite disease can be ascertained as the to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal perilonitis," etc. State cause for which genital," "Senile," "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," cause. Always quality all diseases resulting from child-"Heart failure," "Heemorrhage," "Inunition," "Maraschopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of..... nephrilis, etc. (name origin; "Cancer" is less definite; avoid use of or miscarriage "Old Age," "Shoek," "Uracmia," "Weakness," The contributory (secondary or intercuretc.), "Dropsy," "Puerperal septicharmia," Never "Exhaustion." report mere



1 PLACE OF DEATH

STATE OF MARYLAND

CERTIFICATE OF DEATH





[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully Housemaid, etc. If the occupation has been changed who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon taken to report specifically the occupations of persons of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (c. g., sepsis, telanus) may be stated under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deatus mus," "Old Age," "Shock," "Uracmia," "Weakness," "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), chopmenmonia (secondary), 10 ds. ges, peritonneum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, ctc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping The contributory (secondary or intercur-"Dropsy," "Exhaustion," carbolic acid-probably Never report mere



	PLACE OF DEATH	STATE OF MARYLAND	
	71.	CERTIFICATE OF DEATH	
County Mashington			
		Registered No.	
1	Village or City Kranersalle (No.	[If death occurred in	
	mage of Gity	St; Ward) a hospital or institution, give its NAME instead	
	2/ 3/ 0-1	of street and number.	
	* FULL NAME Oling Clar	1 Rouer	
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 5	EX 4 COLOR OR RACE 5 SINGLE,	18 DATE OF DEATH May 12 d 1915	
-	MARRIED, Married WIDOWED, Married	(Month) (Day) (Year)	
1	hale while (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from	
8 0	ATE OF BIRTH	74.	
	august 20 1842	May 4, 1915, to May 13 7, 1915,	
	(Month) (Day) (Year)	that I last saw him alive on May 13 4, 1915	
7 A	GE If LESS than	and that death occurred on the date stated above, at 2,300 m.	
	1 dayhrs.	The CAUSE OF DEATH* was as follows:	
	72 yrs. 8 mos. 22 ds. OR min.?		
	CCUPATION	Deftering of the Bears	
) Trade, protession, or Tarmer Tarmer	- Cledina - Spilla for age	
	General nature of industry,	**************************************	
bus	iness, or establishment in	(Buration) yrs. mos 9 ds.	
	ich employed (or employer)	Contributory Cardiac Dilatatin	
9 B	IRTHPLACE (tate or country)	(Secondary)	
	waring raa.	(Duration) Me yrs mos ds.	
	10 NAME OF FATHER	(Signed) a & Blessing	
	make Colice	The state of the s	
TS	11 BIRTHPLACE	may 13, 1913 (Address) Draws asle Mid	
ARENT	(State or country) Washin Cy Mil	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT	
2	12 MAIDEN NAME	CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
PA	OF MOTHER Eles about Thomas	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,	
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place in the	
	OF MOTHER (State or country) / Machine Cy Tred	of death yrs mos ds. State yrs mos ds.	
147	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	Where was disease contracted.	
	The adapt Restrict	if not at piace of death?	
	Informant) I have wearn, I could be a second of the second	usuai residence	
	(Address) /2 ohrers rille hed	19 PLACE OF BURIAL OR REMOVAL A DATE OF BURIAL	
15	(NUI) CSS)	Robinsville hin 5 -15 ml	
	May 12 - 1 C D B 2 1/1 - 74 D	38 UNDERTAKER ADDRESS	
Fil	9d / ay 5,191 5 C. D. Darch	09 X 40 - 40	
	A COL REGISTRAR	Mully villy	
	if more blanks are needed, address State Registrat	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	
		·ma	





[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—In always affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencla. scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "l'uerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purreral septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasics (disease causing death), 29 ds.; nant ncoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-LENT DEATHS state MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Chronic interstitiul nephritis Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin: "Can



classified PERMANENT perly pino pe C supplie 80 terms, carefully 2 pe C 0 oul d ы CO 0 Еш S \supset 4 1 PLACE OF DEATH

STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No. 4 If death occurred in a hospital or institution, give its NAME instead of street and number. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE. 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 MARRIED WIDOWED OR DIVORCED be properly certificate. That I attended deceased from 6 DATE OF BIRTH (Month) (Day) Year) 7 AGE If LESS than it may back of of and that death occurred on the date stated above 1 day, hrs. * was as follows: OR min.? 8 OCCUPATION
(a) Trade, profession, or ō ons particular kind of work (b) General nature of industry instructi business, or establishment in (Buration) which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) See 10 NAME OF FATHER S 11 BIRTHPLACE PARENT OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIBLENT (State or country SES, state (1) MEANS OF INJURY: and (2) whether Accidental, 12 MAIDEN NAME SPICIDAL OF HOMICIDAL. OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE In the At place OF MOTHERyrs.yrs.mos. State. 65 (State or country) of death Should state CA Where was disease contracted, If not at place of death? Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address' 15 20 UNDERTAKER MADDRESS m REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Serrant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm loborer, Laborer of the second statement. Never return "Laborer," only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planler, Physibusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. various pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Women at home, who are engaged in If retired from

AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meningualified, is indefinite); Tuberculosis of lungs, meninger to the properties of lungs, meningualified, is indefinite);

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations "Heart failure," "H::emorrhage," "Inanition," "Marason Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal perdonitis," etc. State cause for which birth or miscarriage as "PUERPERAL sephichaemia," eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uramia," "Weakness," genital," "Senile," etc.), "Anaemia" symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Coma," (merely symptomatie), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercur-"Dropsy," "Exhaustion," carbolic acid-probably "Atrophy," ("Con-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

F. S. No. 1.

e >	PLACE OF DEATH	STATE OF MARYLAND
state) Malina U	CERTIFICATE OF DEATH
2 4	County Harmy Constitution of the County Harmy County Harm	Registered No. 302
should ion is	7/1	It death occurred in
	Village or City Jagustom (No. 104,	St; Ward) a hospital or institution,
CUPA		give its NAME instead of street and number.]
SICO	* PULL NAME Aunamed Child	Edgard. Daylor
P. O. H.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
XACTLY.	4 COLOR OR PACE 5 SINGLE,	16 DATE OF DEATH Hay 2 1015
ACT	MARRIED, WIDOWED,	(Month) (Day) (Year)
1 2	Semale White (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
Exact	B PATE OF BIRTH	2 9 , 191 J , to , 191 J ,
	(Month) (Day) (Year)	that I last saw h. Am. alive on
ould be s	7 AGE If LESS than	and that death occurred on the date stated above, at 9.30 9 m,
should y class	t day,hrs.	The CAUSE OF DEATH* was as follows:
	yrs ds. ORmin. ?	Primarture Birth
AGE sh properly	(a) Trade, profession, or	ax 5 mouths
Pro	particular kind of work	•••••••••••••••••••••••••••••••••••••••
may be	(b) General nature of Industry, business, or establishment to	(Ouration) yrsmosds.
upp	which employed (or employer)	Contributory Philadely injury
that it ma certificate.	Shirthplace (State or country)	(Secondary)
areful that certifi	10 NAME OF P.	(Buration) yrs mos ds.
so the	FATHER Edgar R. Laylor	(Signed) , M. D.
	O 11 BIRTHPLACE	3/2, 1913 (Address) Tray
terms, n back	Z (State or country)	*State the DISEASE CAUSING DEATH, or, in death's from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
E 0	OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
lon s plain lons	a suu suaan	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
in in	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs, mos, ds. State yrs, mos, ds.
of Information of DEATH in plain See instructions	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
DE	FR Souling -	If not at place et death?
- 1:	(Intermant)	osual residence.
事用章	(Address) Taguston Tha	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Every CAUS Impor	16 K2 C1 Q	Jalem Church 2, 181.3
T O T	Filed 5 2 - , 1913 Hoenry short	20 UNDERTAKER ADDRESS
z.	REGISTRAR	The Transition of Police Property of the Police Property of the Police P
	II more planks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of agetion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer or Planter, As examples: For persons

losis of lungs, meninges, peritonaeum, pneumonia"); Lobar pneumonia; Bronchopneumonia time and causation), using always the same accepted "Croup"); Typhoid fever (never report "Typhoid brospinal meningitis"); Diphtheria (avoid, use of term for the same disease. Examples: Cerebrospinal causing death (the primary affection with respect to fover (the only definite synonym is "Epidemic cere-("Pneumonia," Statement of cause of death-Name, first, the DISTASE unqualified, is indefinite); Aubercuetc. Carcin-

> "Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accl which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mally-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:

ence. All the details essential and must be obtained before the certificate is permanently filed. tions answered in detail, it will prevent further correspond. If this certificate is looked over thoroughly and all ques-

HURTATIA RECEIVED BUREAU, V.S. JUN 7 1915 1915

n Z Z Z	V. B. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANE	N.B.—Every Item of Information should be carefully supplied. AGE should be stated EXACT CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state important. See instructions on back of certificate.
	7	AA	X
D X X	Z	Σ	四十
MA CT EX	5	Ш	Xe
ERMA ed EX	7	0	THE PA
PERMA ated EX	-	-	d is
PERMA stated EX.	ŋ	-	De lie
A PERMA be stated EXI		S	D is
S A PERMA be stated EX.	ľ		uin
IS A PERMA)	S	50
IS IS A PERMA hould be stated EX classified. Exact si	L	I	a ×
HIS IS A PERMA should be stated EX.		7	E E
THIS IS A PERMA E should be stated EXA orly classified, Exact si)	7	A S
K—THIS IS A PERMA AGE should be stated EX roperly classified, Exact si	ď	Z	. a
NK-THIS IS A PERMA AGE should be stated EXA properly classified. Exact si	>		bed/
INK-THIS IS A PERMA Iod. AGE should be stated EXA be properly classified. Exact si	2	9	a >
IC INK—THIS IS A PERMA IC INK—THIS IS A PERMA plied. AGE should be stated EX y be properly classified. Exact si	d	=	na
ING INK—THIS IS A PERMA Supplied. AGE should be stated EX may be properly classified. Exact si e.	n	9	a ta
DERVELD FOR BINDING NDING INK—THIS IS A PERMA y supplied. AGE should be stated EXA t may be properly classified. Exact si eate.	ď	L	3
FADING INK—THIS IS A PERMA IN Supplied. AGE should be stated EXI If may be properly classified, Exact si filterte.	7	Z	ha
NFADING INK—THIS IS A PERMA refully supplied. AGE should be stated EXA nat it may be properly classified, Exact si		\supset	C + S
UNFADING INK—THIS IS A PERMA sarefully supplied. AGE should be stated EXA that it may be properly classified, Exact si certificate.	7	x	200
H UNFADING INK—THIS IS A PERMA carefully supplied. AGE should be stated EXA so that it may be properly classified, Exact si of certificate.	=	E	A . X
TH UNFADING INK—THIS IS A PERMA be carefully supplied. AGE should be stated EXIS, so that it may be properly classified. Exact six of certificate.	9	3	D II d
WITH UNFADING INK—THIS IS A PERMA lid be carefully supplied. AGE should be stated EXA ms, so that it may be properly classified. Exact si back of certificate.	Ľ		ter
WITH UNFADING INK—THIS IS A PERMA ould be carefully supplied. AGE should be stated EXterms, so that it may be properly classified. Exact sin back of certificate.	(>	20
STATES TO THE SERVED FOR SINDING IV, WITH UNFADING INK—THIS IS A PERMA should be carefully supplied. AGE should be stated EXA terms, so that it may be properly classified. Exact sign on back of certificate.	5	7	r lai
NLY, WITH UNFADING INK—THIS IS A PERMA n should be carefully supplied. AGE should be stated EX lain terms, so that it may be properly classified, Exact si ns on back of certificate.			to the
INLY, WITH UNFADING INK—THIS IS A PERMA tion should be carefully supplied. AGE should be stated EXA plain terms, so that it may be properly classified, Exact si tions on back of certificate.		3	E - 3
LAINLY, WITH UNFADING INK—THIS IS A PERMA mation should be carefully supplied. AGE should be stated EXI in plain terms, so that it may be properly classified, Exact si uctions on back of certificate.		0.	H H
PLAINLY, WITH UNFADING INK—THIS IS A PERMA ormation should be carefully supplied. AGE should be stated EXAH in plain terms, so that it may be properly classified, Exact si structions on back of certificate.		Ш	AF
E PLAINLY, WITH UNFADING INK—THIS IS A PERMA Information should be carefully supplied. AGE should be stated EXATH in plain terms, so that it may be properly classified, Exact statstuctions on back of certificate.			TH S
ITE PLAINLY, WITH UNFADING INK—THIS IS A PERMA of information should be carefully supplied. AGE should be stated EXADEATH in plain terms, so that it may be properly classified. Exact since instructions on back of certificate.		2	S
RITE PLAINLY, WITH UNFADING INK—THIS IS A PERMA of information should be carefully supplied. AGE should be stated EXAS DEATH in plain terms, so that it may be properly classified. Exact si See Instructions on back of certificate.		3	FO F
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMA Em of information should be carefully supplied. AGE should be stated EXA OF DEATH in plain terms, so that it may be properly classified. Exact si			古田市
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMA ltem of information should be carefully supplied. AGE should be stated EXAE of DEATH in plain terms, so that it may be properly classified, Exact stant. See instructions on back of certificate.	und.		US Or
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMA TY item of information should be carefully supplied. AGE should be stated EXA USE OF DEATH in plain terms, so that it may be properly classified, Exact silvetant. See instructions on back of certificate.	0		AND
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMA Very Item of Information should be carefully supplied. AGE should be stated EXA AUSE OF DEATH in plain terms, so that it may be properly classified, Exact si mportant. See instructions on back of certificate.	Z		ш о ==
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMA -Every Item of Information should be carefully supplied. AGE should be stated EXA CAUSE OF DEATH in plain terms, so that it may be properly classified, Exact si Important. See instructions on back of certificate.	જો		m
B. No. 1. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMA B.—Every Item of Information should be carefully supplied. AGE should be stated EXA CAUSE OF DEATH in plain terms, so that it may be properly classified, Exact si Important. See instructions on back of certificate.	Š		z
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMA N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXA CAUSE OF DEATH in plain terms, so that it may be properly classified, Exact si important. See instructions on back of certificate.			

LY. PHYSICIANS should state ment of OOCUPATION is very

RECORD

6343 1 PLACE OF DEATH F MARYLAND Gasting Ton City Hassistown (No. 729 Registration Dist. No.

[If death occurred to

FULL NAME Still Boss	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mule (Write the word)	Date of Death May /7 , 191.5 (Year)
TAGE TAGE TAGE TAGE TO DAY TO DAY	that I last saw here alive on May 17 at 6 44, 191 5 and that death occurred on the date stated above, at 930 Pa.m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Taccief of Watteries
10 NAME OF FATHER May & Scibut 11 BIRTHPLACE OF FATHER (State or Country) Mash loo Incl. 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Wash les Mid. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Max & Ssibrits	
(Address) 128 Selson an Ceifg 15 Filed 18 1915 Heavy Davis REGISTRAR If more blanks are needed, address State Regis	19 PLACE OF BURIAL OR REMOVAL Rose Hill Hagus low May: 18, 191.5. 20 UNDERTAKER SKella Guman Hagus lown Ind. trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Censns and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illwho receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the pisease statement. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligscpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)



1 PLACE OF DEATH	STATE OF MARYLAND
0344	CERTIFICATE OF DEATH
County County or	9/V
\mathcal{L}	Registration Dist, No. 306
Willess or sin I sudd in the	[If death occurred la
Village or Gity (No ,	St.; Ward) a hospital or institution,
U. O and	give its NAME instead of street and number.]
2FULL NAME Solu, Se	isen Jangle
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH . 9/1
MARRIED, WIDOWED, MARALE	/// 1915 - 1915 -
Male Thite (Write the word)	(Month) (Day (Year)
DATE OF BIRTH	· Make 9 16 12 21/2 9 11
3 13 1842	
(Month) (Day (Year)	that I last saw h card alive on 29 971014 1915
AGE II LESS than	and that death occurred on the date stated above, at & a.m.
7 9 1/ 1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrs mos ds. OR min.?	Carcinoma of many anon
BOCCUPATION (a) Trade, profession, or	stending 9 sint saw that case
particular kind of work.	on April 24 1915. Know nothing below
(b) General nature of Industry, business, or establishment in	+ " > sent to have
which employed (or employer)	les Afer 24-12 Geration) yrs 3 mos mands.
State or country)	Gentributory branching infestions blood
(State of country) followille Fred Ma	Colabu horlale
10 NAME OF // 1	(Udralion) yrs mos os.
FATHER John Il Lensen Jane	(Signed) Mussel, M. D.
11 BIRTHPLACE	25-24-, 1915 (Address) Suchsbury Mda
OF FATHER (State or country) Tolks ville Fred und	
12 MAIDEN NAME AAA	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Mug. Delena	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
(State or country) of all wille. True of	of death yrs mos ds. State yrs, mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
holas It Serentes of la	If not at place of death?————————————————————————————————————
(Informant) Seusenbaugh In.	usual residence
(Address) tarford looks.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
5	Trollwille Fre ma May 26: 1915-
Flled May 24 1915 J. A. Forguson	20 UNDERTAKER ADDRESS
REGISTRAR	Leo. B Hoover Smithsburg
	rar, 6 E. Frenklin St., Balto., Requesting V. S. No. 1.
V V V V V V V V V V V V V V V V V V V	well and the state of the state



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. been changed or given up on account of the DISEASE should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

IENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (secondary or intercurrent) Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DUN 31915
BUREAU,V.S.

V. S. No. 1.

PLACE OF DEATH		
PLACE OF DEATH	STATE OF MARYLAND	
County / A hugur	CERTIFICATE OF DEATH	
	Registration Dist. No.	
Village or City leaveocle (No.	St: Ward) [If death occurred in	
	a hospital or institution, give its NAME instead	
FULL NAME	of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH May 9 , 1913	
Filingle Les. WIDDWED Mugle. OR DIVORCED (Write the word)	(Month) (Day) (Year)	
GOATE OF BIRTH	17 I HEREBY CERTIFY, That l'attended deceased from	
Man 9 1915	,191 , ,191 ,	
(Month) (Day) (Year)	that I last saw h alive on , 19I ,	
7.Age 11 Less than 1 day,hrs.	and that death occurred on the date stated above, at	
yrs. mos. ds. OR min.?	THE CAUSE OF DEATH & Was as innows:	
(a) Trado, profession, or	stell born toffeet	
particular kind of work (b) General nature of industry	4 mos felies	
business, or establishment in which employed (or employer)	V(Ouralion) yrs. mos. ds.	
9 BIRTHPLACE	Contributory	
(State or country) Mol,	(Ouration)yrs	
10 NAME OF SALARIS	(Signed) Mr. Vapping Wee, M. O.	
11 BIRTHPLACE	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental,	
I BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 M		
M 12 MAIDEN NAME OF MOTHER	SUICIDAL OF HOMICIDAL.	
OF MOTHER Frank (Shives)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
OF MOTHER (State or country) Hash o Me.	At place in the of death yrs. mos. ds. Siaie, yrs. mos. ds.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
(informant) Isaac. M Shives.	Former or	
Hayeretoma.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
(Address) Cure of Office.	Mancoci ma. May 9, 1913	
Flee May 9th 1915 I & Eustins.	20 UNDERTAKER ADDRESS	
REGISTRAR	Joans M. Shives Haucoci 6 mg	

If more blagge are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm loborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. The material worked on may form part mill; (a) Salesman, (b) (rocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer, For persons who have no occupation whatever without more The question

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhod fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uradinia," "Weakness," "Ansemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercur-"Heart failure," "Hemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopncumonia Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of or miscarriage as (secondary), 10 ds. "Puerperal septichaemia," "Dropsy," Never report mere "Exhaustion,"



1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30

fit death occurred in
a hospital or institution,
give its NAME instead
of street and number.]

ADDRESS

MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH	5	3/	, 1915
	(Month)	(Day)	(Year)
17 I HEREBY CERTI	FY, That I atter	ded deces	sed from
, 19	16 , to	5/30	, 191.
that I last saw her ali	ve on	125	191
and that death occurred	on the date state	ed above, a	1/301 m
The CAUSE OF DEATH &	was as follows:		
aculi Ludiq	estin		
with Chron	ie Endo	andit	
**************************************		12/	
***************************************	(Ouration) 4	yrs	
Contributory Chr	once he	plu . t	L) .
	1000	k	
7	(Ourailon)	yrs	nos ds
(Signed) / lln Olls	eller &		, M. 0
5/3/ 101 5 (1)	ddress) Hage	ustru	Tued
*State the DISEASE CAURES, state (I) MEANS SUICIDAL OF HOMICIDAL.	USING DEATH, or, in	deaths from whether Acc	VIOLENT IDENTAL,
18 LENGTH OF RESIDENCE	FOR HOSPITALS, IN	STITUTIONS, T	FRANSIENTS
OR RECENT RESIDENTS)	t- 11.		
At place of deathyrsmos	in the	yrs	mne de
Where was disease contrected.			11100 00
if not et place of deeth ?			**********
Former or			
usuel residence		•••••	
19 PLACE OF BURIAL OR RI	EMOVAL C	ATE OF BU	RIAL
18 my 26:11 7	Demoter	0/2	11 191.

20



[Approved by U. S. Census and American Public Health Association.]

C yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton write None. state occupation at beginning of illness. or given up on account of the disease causing death, taken to report specifically the occupations of persons will; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, ciau, Compositor, Architect, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-At home. Care should be Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumonia, Bronchopneumania ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations on Nomenelature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by Struck by railway train—accident; Revolver wound to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal peritonities," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Henorrhage," "Inanition," "Marashapse," "Anaemia" chopmeumonia (secondary), 10 ds. Never report mer symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; nephrilis, etc. cough; Chronic volvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... rent) affection need not be stated unless important (name origin; "Cancer" is less definite; avoid use of "Coma," The nature of the injury, as fracture of skull, (merely symptomatic), oma," "Convulsions," The contributory (secondary or intercurcarbolic acid-probably "Debility" Never report mere "Atrophy,"



۵	TLY.	FXac	
RECOR	EXAC	selfled.	
MANENT	se stated	seily cies	cate.
A PERM	hould !	issis sq	Chatit!
SIS	AGE	fimak	ack of
(-THI	led.	44 St.	d no
G INK	gans	(0) (0) (0)	ntions
UNFADIN	carefully	clain tern	no instru
WITH	ed blue	I W MI	tant in
PLAINLY,	mation sh	EOFDEA	SEC INCHES
WRITE	of infor	e CAUS	ION is
	y item	ld stat	TAGIL
	EVER	shou	200
	S		
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact

	0341	
	1 PLACE OF DEATH	STATE OF MARYLAND
	(1) alintary	CERTIFICATE OF DEATH
	County County County	3/19
		Registration Dist. No
	Village or City Cagers town (No. 423, U.	(It death occurred in a hospital or institution,
	2 FULL NAME Violet N. Sme	give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	3 SEX. 4 COLOR OR RACE 5 SINGLE,	18 DATE OF DEATH
0	Janale William OR DIVORCED CALL	(Month) (Dat) (Year)
H -	6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
	Man! 15" 9011	, 191 , to , 191 ,
200	(Month) (Day) (Tout)	that I last saw h Malive on 191,
3	7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, atm.
ri O	21/ yrs / mos 218 ds. OR min.?	The CAUSE OF DEATH # was as follows:
	8 OCCUPATION	
5	(a) Trade, profession, or the minimum to	gradus les governs
50	particular kind of work (b) General nature of industry	francis and the
5	business, or establishment in	(Buration) yrs. mos ds.
which employed (ar employer) BIRTHPLACE (State or country)		. Contributory bullymus
		Secondary
	10 NAME OF	(Oursilon) yrs mos ds,
3	FATHER 0/1798/151081	(Signed), M. 0.
6	M H BIRTHPLACE	1 191 (Address) A for Mills
100	E State or country) Maryland.	SERIE the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental,
	OF MOTHER B. HO	Suicidal of Homicidal.
1	a Releve Osimple	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
>	13 BIRTHFLACE OF MOTHER (State Her (State Her (State Her))	At place in the of deathyrsmoa,ds. State,yrsmosds.
-	14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
5	111.	If not at place of death ?
	(Informant) Will Tue Coeff	usual residence
7	(Address) Cagrittown, M.S.	19 PEACE OF BURNAL OR REMOVAL _ DATE OF BURNAL
)		Rose Soill Osmetry 115, 1915
15 5-14 1 A House Flavis		20. UNDERTAKER ADDRESS
	Filed T., 191 G. REGISTRAR	C. M. SUTER & SON. Lagrilour
	If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.
	×	
	·	



2

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

write Nonc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Serrant, Cook, employed, as Al school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer mobile factory. first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil mill; (a) Solesman, (b) Groccry; (a) Forenan, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Peath—Name, first, the disease cytising death (the primary diffection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, on Nomenclature of the American Medical Association.) under the head of "Contributory." head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. birth or misearriage as "Puerpenal septichuemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Heart failure,", "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," lapse," "Coma," "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic vulvular heart disease; Chronic interstitial chopneumonia (secondary), 10 ds. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping The contributory (secondary or intercur-"Convulsions," "Debility" ("Con-"Uracinia," "Weakness," State cause for which (Recommendations "Atrophy," Never report mere "Exhaustion," wound of



V. S. No. 1.

IS A PERMANENT RECORD	iE should be stated EXACTLY PHYSICIANS nay be properly classified. Exact statement of k of certificate.
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County	PLACE OF DEATH 6948	STATE OF MARYLAND CERTIFICATE OF DEATH
Village	or City Lettershu (Nog ,) 2 FULL NAME John B. S.	Registration Dist. No. 2.0 St.; Ward) St.; St.; Ward) St.; St.; Ward) St.; St.; St.; St.; St.; St.; St.; St.;
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Yest) 17 HEREBY CERTIFY, That I attended deceased from
7 AGE	(Month) (Day) 1845 (Month) (Day) If LESS than 1 day, hrs.	that I last saw him alive on and 28, 1915, and that death occurred on the date stated above, at 9. B. m.
paril	UPATION Trade, profession, or Cular kind of work	The CAUSE OF DEATH : was as follows: Mahouslan Daggard of
busir	General nature of industry less, or establishment in n employed (or employer)	(Duration) yrs. 9 mos. c ds.
	THPLACE State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) (State or country)	Contributory Secondary (Ourelien)
- 1-	13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 13 MIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER OF MOTHER (State or country)	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrsmosds. State,yramosds. Where was disease contracted,
	informant) Mas & Bent of My Knowledge	if not at place of death? Former or usuel residence
15 Filed	(Address) Allessling Md 191 REGISTRAR	20 UNDERTAKER ADDRESS VALANCES LE
	If more blanks are needed, address State Registrar,	



3

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer write None. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified, is indefinite);

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated Struck by railway train-accident; Revolver genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inamition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septichaemia," etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless cough; Chronic valuular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, important. mound of



TE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD I information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is instructions on both of certificate.
Tel C

6349 1 PLACE OF DEATH County Wash

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 307

١	/illage or Cl	ty Zoffe	25/13/2	0,	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSO	NAL AND STATIST	CAL PARTICULA	RS	MEDICAL CERTIFICATE OF DEATH
-	EX	4 COLOR OR RACE	5 SINGLE, MARRIEO, WIDOWEDO, OROIVORCEO (Write the wor-	Single	16 DATE OF DEATH (Month) (Day) (Yar) 17 1 HEREBY CERTIFY, That I attended deceased from
8 0	ATE OF BIRT	H May	(Day)	, 19/5 (Year)	may 7, 1915, to May 7, 1915, that I last saw her alive on may 7, 1915
A	G E	yrs.	mosds.	It LESS than I day, 34 hrs. ORmin.?	and that death occurred on the date stated above, at
(a pa	CCUPATION) Trade, profession inticular kind of we) General nature of siness, or establich employed (or IRTHPLACE tate or country	ork Milestry, ishmeot in 7m employer)	u O)	(Ouration) yrs, mos ds. Gontributory r (Secondary)
ARENTS	10 NAME OF FATHER 11 BIRTHPL OF FATH (State or of	Sym 7 ACE HER NAME HER T	Spitz	er :a	(Signed)
4-	13 BIRTHPL OF MOTH (State or c	Sellin ACE HER OUNTRY) // ACE STRUE TO THE BES	lin Co TOFMY KNOWL	nid LEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs, mos, ds, State yrs, mos, ds. Where was disease contracted, it not at place of death? Former or usual residence
5	(Address)		Mall	22	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL 20 UNDERTAKES

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

CAUSE OF Important. S

N. B.



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulgainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Forcman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcintosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencia. injury, as fracture of skuii, and consequences (e.g., sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. childbirth or miscarriage, as "PUERPERAL scptichacetc., when a definite disease can be ascertained as the ampic: Measles (disease causing death), 29 cer" is less definite; avoid use of "Tumor" for maily ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, which surgical operation was undertaken. mia," "Tuerperal peritonitie," etc. State cause for mus," "Old Age," "Shock," "Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) liways qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of or Homicidal, or as probably (name origin; "Can Examples:





WRITE PLAINLY, WITH UNFADING INK-THIS IS

A PERMANENT RECORD

S. No. 1.

should state	County Lashington	STATE OF MARYLAND CERTIFICATE OF DEATH 306 Registration Dist. No. 37
PHYSICIANS shot of OCCUPATION	Village or City Caretown (No. ,)	St.; Ward) [If death ocddred le a hospital or institution, give its NAME instead of street and number.]
Y.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACTL ct statem	Male Office Single, Married, Widowed, Wood (Write the word)	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
be stated ied. Exa	Sept. 3, 1829 (Month) (Day (Year)	march 1st 1913; to may 21, 1915; that I last saw have alive on may 20, 1915
should be si	7 AGE 16 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 10 G m, The CAUSE OF DEATH* was as follows:
d. AGE s properly	(a) Trade, profession, or Retained Farmer (b) General nature of industry,	Sehile Gaugsene
ly supplie	business, or establishment in which employed (or employer) Burthplace (State or country)	Contributory Secondary
so that	10 NAME OF FATHER Daniel Stattlemus	(Signed) MOTE faccion yrs mos ds.
should b in terms.	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	Cate the Disease Causing Death, or in deaths from Violent Cates, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
formation TH in planstruction	13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the : of death yrs mos ds. State yrs mos ds
or DEA	(Informant) Arrie & Stotlerry	Where was disease contracted, If not at place of death? Former or usual residence.
CAUSE fmportar	(Address) Cavetown Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS.
N. B.	Filed May 2 4, 1915 At engustran If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting C.S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. statement. Never return "Laborer," "Foreman," it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nection is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Poreman, (b) Automobile factory. The applies to each and every person, irrespective of age fication as Day taborer, Farm taborer, Laborer-Coal (a) Spinner, (b) Cotton mitt; (a) Satesman, Civit engineer, Stationary fremun, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumouia," unqualified, is indefinite): Tuberculesis of tungs, meninges, perimacum, etc., Carcin-

nant ncoplasms); Meastes; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvutar heart disease; Chronic interstitial nephritis, cer" ls less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of by carbotic acid-probably suicide. The nature of the Accidentat drowning; Struck by raitway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "I'UERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Iverperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. etc. The contributory (secondary or intercurrent) dent; Revolver wound of head-homicide; Poisoned Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Scnile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



STATE OF MARYLAND AGE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 300 [If desth occurred is Ward) a hospital or institution. give Its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 18 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day (Year) (Write the word) I HEREBY CERTIFY. That I attended decessed from (Month) (Day (Year) TAGE If LESS than 1 day hrs. OR 7 BOCCUPATION (s) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) Centributory. State or country) Secondary (Duration) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE 191.4. (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place in the OF MOTHER (State or country ____ yrs. State yrs. __ mos. .. __ ds. Where was disease contracted. If not st place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

ma

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING NEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specfstatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive, engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the nisease fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when necded. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canaffection need not be stated unless important. etc. The contributory (secondary or intercurrent) nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "Ascer" is less definite; avoid use of "Tumor" for malig-Bronchopneumonia (secondary), 10 ds. ampie: Meastes (disease causing death), 29 ds.; injury, as fracture of skull, and consequences (e. g., sepsis, tclanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomenclachildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-"Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," Never report



RECORD	PHYSICIANS should of OCCUPATION IS
PERMANENT	stated EXACTLY. Exact statement
INK-THIS IS A	d. AGE should be
H UNFADING	so that it may be
RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	of information should be carefully supplied. AGE should be stated EXACTLY. PMYSICIANS should bEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is Sea instructions on back of certificate

1 PLACE OF DEATH

County Washing You

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 300

Ilf death occurred in -Ward) a hospital or institution, give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH ... 191 J., to... (Month) (Year) TAGE If LESS than and that death occurred on the date stated above, at 3 0 m. f day.___hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of indostry, business, or establishment in (Duration) _ which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE , 191 J. (Address) Story ort ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ___ mos. __ _ ds. State _____ yrs. ____ mos. Where was disease contracted. MY KNOWLEDGE If not at place of death? Former or usoal residence. 19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS Chas. N. Hoffmaster If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

OF Every Item CAUSE OF Important.



REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH [Approved by U. S. Census and American Public Health

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, it should be used only when needed. As examples: Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meminges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Always qualify all diseases resulting from (secondary or intercurrent) Never report



V. S. No. 1.

ated EXACTLY. PHYSICIANS should state Exact ststement of OCCUPATION is very A PERMANENT RECORD properly See Instructions on back CAUSE OF Important. S N.B.

6953 PLACE OF DEATH



CERTIFICATE OF DEATH

[If daath occurred la .Ward) hospital or Institutioa,

FULL NAME Huburt- &	Thomas give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Maln Hutz Single, Married, Widowed, Ordivorced (Write the word)	16 DATE OF DEATH Month 29 ,1915 (Month) (Day (Year) 17 HEREBY CERTIFY. That I attended deceased from
5 2 1979 (Month) (Day (Year)	Fele 1915, to May 29, 1916, that I last saw have alive on mal 29, 1915
TAGE 35 yrs mos 9 ds OR min.?	and that death occurred on the date stated above, at 7 P, m. The CAUSE OF DEATH* was as follows:
(a) Trade, profassion, or particular kind of work. (b) Genaral nature of industry, business, or establishmant in which employed (or employar)	(Buration) (Burstin mos. ds.
9 BIRTHPLACE (State or country) Kardysville Incl	Contributory (2) Secondary (Ouration) yrs mos ds.
TATHER Cannual Thomas 11 BIRTHPLACE OF FATHER (State or country) Resedys willer he 12 Maiden Name O OF MOTHER 2 Description of the country	(Signed)
13 BIRTHPLACE PROTIER PROTIER	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In tha
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Comma M Thomas	of death yrs mos ds. Stata yrs mos ds Whare was diseasa contracted, If not at place of death? Former or usual residenca.
(Address) Thudys will no	Transfer Date of Burial OR REMOVAL DATE OF BURIAL D

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

.....

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has Housewifc, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular. heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., sepsis, tctanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ascause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of For vio-



V. S. No. 1.

Cou	PLACE OF DEATH The shington The shintended The shington The shington The shington The shington	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 207 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fan Jan	rale White Single, Married Willower, Married White the word)	10 DATE OF DEATH May (Moyth) (Day (Year)
6 DA	2 /2 /8/8 (Month) (Day (Year)	that I last saw hear alive on Mary 25 , 1915.
		and that death occurred on the date atted above, at 2 m. The GAUSE OF DEATH* was as follows: Lyfficial Farm for Curring Confined many and a second many a
(b) (b) (b) (b) (b) (b) (c) (c)	General nature of industry, ess, or establishment in h employed (or employer) RTHPLACE State or country)	(Ouration) Mot Krieners
	10 NAME OF Javid Gross	(Signed) C. D. 30 C. V. D.
ARENT	11 BIRTHPLACE OF FATHER (State or country) Frud Co Mich. 12 MAIDEN NAME OF MOTHER + D M.	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
14 TH	13 BIRTHPLACE OF MOTHER (State or country) Machington Co Mod (E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE INFORMANT) WAY THEREN	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, INSTITUTIONS, TRANSIENTS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, INSTITUTIONS, TRANSIENTS, INSTITUTIONS, TRANSIENTS, INSTITUTIONS, TRANSIENTS, INSTITUTIONS, TRANSIENTS, INSTITUTIONS, TRANSIENTS, INSTITUTIONS, INSTITUTIONS, INSTITUTIONS, TRANSIENTS, INSTITUTIONS, TRANSIENTS, INSTITUTIONS, TRANSIENTS, INSTITUTIONS, INSTITUTI
15 Filed	(Address) Tago mal Broy 31, 1915 - C. D13 apr Mel	19 PLACE OF BURIAL OR REMOVAL DOULT GOVERNOVAL 20 UNDERTAKER ADDRESS REMOVAL ADDRESS REMOVAL ADDRESS
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the disease gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 da; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenciasepsis, tetanus) mia," "Puerperal peritonitis," etc. State cause for nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," ctc.), may be stated under the head of "Dropsy," "Exhaustion," The nature of the Never report Ex-



V. S. No. 1.

the attinue

	1 PLACE OF DEATH 6935	STATE OF MARYLAND
1	71100 hiyaton	CERTIFICATE OF DEATH
	21	Registration Dist, No. 302
Vi	11age or City Tagerown (No. (No. (2)	St.; Ward) [If death occurred to a hospital or institution, give its NAME instead of street and number.]
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3,	SEX 4COLOR OR PACE 5 SINGLE,	16 DATE OF DEATH 7// 1 2 2
111	all There word	(Month) (Day (Year)
8 [PATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	May 23, 1895 (Month) (Day (Year)	that I last saw h slive on 1915,
7	If LESS than	and that desth occurred on the date stated above, at
	yrs mos ds. OR min.?	The CAUSE OF DEATH * was as follows:
8	OCCUPATION γ	accidental Nevelver
(a) Trade, profession, or articular kind of work	Would of Geest
5 () General nature of industry,	
bi W	islness, or establishmeot in hich employed (or employer)	(Duration)mosds.
	STRTHPLACE (State or country) Manulaus	Secondary
	10 NAME OF FATHER NAME Weihermands	(Signed) Programmes ds.
TTS	11 BIRTHPLACE OF FATHER	Miley 2, 4915. (Address) Dayerson. Mil
ARENTS	(State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
PA	OF MOTHER Ratherine Wakeling	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
_	OF MOTHER (State or country)	of deathyrs mos ds. Stateyrs mos ds Where was disease contracted.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Interment) / 100 / Sec. Wilhumayer	Former or usual residence
	(Address) Hages flown 711)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16		Philadelphia Pa - May 25, 191 &
F	lled 5/24 1915 Herry Havis	20 UNDERTAKER ADDRESS
		rar, 6 E. Franklin St., Balto., Requesting V. S. No, A.



[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a dcfinite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not b "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) The contributor (Recommendations on statement of stated unless important. (secondary or intercurrent) Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUN 7 1915
BUREAULV.S.

V. S. No. 1.

11	1	
V	1 PLACE OF DEATH	STATE OF MARYLAND
1	County Washington	CERTIFICATE OF DEATH
	21/	Registration Dist. No. 302
	Village or City Hageratown (No. 328, Va	lentine st.; 4 ward) [If death occurred in a hospital or institution,
	mm a. h. ml	give its NAME instead of street and number.
-	² FULL NAME TO THE TOTAL TOT	vice-cy-
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male whith S SINGLE, MARRIEO, WIDOWEO OR OIVORCED Write the word	16 OATE OF OEATH May 26, 1915 (Month) (Day) (Year)
	6 DATE OF BIRTH	Alau D C
	Htay 1 1965	that I last saw him alive on May 26 1915
	7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at 1.5 m.
	yrs mos 25 ds or min.?	The CAUSE OF DEATH * was as follows:
	8 OCCUPATION (a) Trade, profession, or	Gastro ententis
100	particular kind of work	
P	(b) General nature of industry business, or establishment in	(Buration) yrs. mos. / 5 ds.
	which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Gostro - euleuty
	THU	Quration yrs. mos. 15 ds.
	10 NAME OF Sather Whiteh	(Signed) Stanglilin M. O.
	U) 11 BIRTHPLACE OF FATHER (State or country)	State the DISEASE CAUSING DEATH, or, in deaths from Vielkent
	C 12 MAIOEN NAME /	CAUSES, state (1) Means of Injury; and (2) whether Accuration, Suicidal or Homicioal.
	of MOTHER Katherine Danghma	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs. mos. ds. State, yrs. mos. ds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE	Where was disease contracted, If not at place of death?
	(Informant) Alus, Lucher Whiterch	Fermer or asual residence
	(Address) Lagentonn Hod	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
	15 FAY FALOR Q-1	Yeare 7/11 /27 101.3
	Filed 9-2/, 1913 PREGISTRAR	Watkins Winnich Hag Md.
	If more blanks are needed, address State Registrat.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be "Foreman," "Manager," "Dealer," mobile fuctory. The material worked on may form part mill; (a) Salesman, (b) Grovery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton write None business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH Housemaid, is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to business or industry, and therefore an additional line engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever Stationary fireman, etc. etc. If the occupation has been changed Locomotive engineer, But in many cases, ," etc.. without more If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilleria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letanus) may be stated suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths mus," head-homicide; Poisoned by carbolic acid-probably Struck by railway train-occident; Revolver wound of to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Publiperal septichaemia," "Publiperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropst," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. ges, pertionaeum, etc., Carcinoma, Sarcoma, etc., of Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is Jess definite; avoid use of "Old Age," "Shock," "Uracmia," "Weakness, Always qualify all diseases resulting from child-The contributory (secondary or intercur-



PHYSICIANS should state statement of OCCUPATION Is very RECORD EXACTLY. PERMANENT properly classifled. UNFADING INK-THIS See instructions on back of certificate. WRITE PLAINLY, WITH of information should DEATH in plain term CAUSE OF Important.

STATE OF MARYLAND CERTIFICATE OF DEATH

Kurdysville

Village or City Divis Welfing Mc St.; Ward) 2 FULL NAME Laura H Young Registration Dist. No. 3/0 [If death or a hospital or ligive its NAME of street and or street and	curred in estitution, instead
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
Month) (May ORDIVARCED ORDIVARCED (Write the word) 17 I HEREBY CERTIFY, That I attended decess OATE OF BIRTH	1915 (Year)
2 10 1837 that I lest saw h are allys on May 30 12	191.12
Tool (Biotili) (Day (Tear)	, 1915dan
If LESS TREE and that death occurred on the data stated above, at	m,
(a) Trada, profession, or particular kind of work Our Down	
(b) General natura of Industry, business, or establishmant in which amployed (or amployer) (Ouration) yrs 7 mos.	30 es.
State or country) Lafelouse mol Secondary (Ouration) yrs mos.	
FATHER James H Claggatt (Signed) Jourtee	, M. D.
11 BIRTHPLEE OF FATHER (State of country) Wontgomany O State the Disease Causing Death, or, in deaths from Causes, state (1) Means of Injury; and (2) whether TAL, SUICIDAL, or HOMICIDAL.	med
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA	
of Mother (State or country) Waveston 2nd of death yrs mos ds. State yrs mos.	ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Where was disease contracted, If not at place of death?	
(Informant) & Gours Former or usual residence.	
(Address) Probably 1º PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2º UNDERTAKER ADDRESS	AL ., 191.5

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

6901

PLACE OF DEATH

No. 1. 02

.

ż



AND DELIVERY

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," cause of death approved by Committee on Nomenclascpsis, tctanus) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL pcritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senilc," etc.), may be stated under the head "Dropsy," "Exhaustion," Never report For vio-

